GUY'S HOSPITAL, MEDICAL & DENTAL SCHOOLS

Gazette

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January 1998

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GUY'S Gazette

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Passim

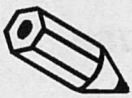
There seems to be an age old tradition at the Guy's Gazette (the oldest Hospital Gazette in the world) that whenever a new Editor has to write their opening Passim, they start with the words, 'Let me introduce myself.....' So it would seem a shame to break from tradition, which is after all why Guy's has lasted so long.

Therefore let me introduce myself. My name is Nabeela Ahmed. I am a fourth year dental student here at Guy's and I have been involved with the Gazette for the past year as the Features Editor. Needless to say my current CV certainly wouldn't get me the job of Editor on any other respectable publication, but I hope that by the time I finish my term of office this most certainly will not be the case.

Every new Editor wishes the Gazette to be better than the issues before, and this almost certainly could not be achieved without the support of the readers who write letters, articles informing others of new advances in medicine and dentistry and generally showing their commitment to the great establishment that Guy's is. We have experienced problems producing the Gazette over the past few years, our equipment is dated, and prevents us from achieving the perfection we so desperately wish to see within the Gazette. However, the staff and students who are involved in the producing Gazette are committed to surmounting these obstacles. We hope that we will be able to update our facilities over the forthcoming year. As of yet our generous benefactor remains elusive to us, but I am certain that this will cease to be the case this year.

The forthcoming year will see many changes at Guy's. The impending merger with Kings has already seem the demolition of Hunts House, which has changed the appearance of the campus forever. Let us hope that we are able to survive these changes, and that it will not detract or destroy too much of what is great about Guy's.

On a final note, The Gazette would like to thank Barnaby Scholefield, the retiring Editor, for his hard work on Gazette over the past year.



Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

New Year's Greetings

Dear Readers,

Welcome to this new volume of the Gazette. For those of you who are old readers I hope that the Gazette continues to be everything you want it to be under the direction of the new Editorial Committee. For those of you who are 'newer' readers welcome!

The Gazette is the oldest hospital journal in the world, and in these current times it must be remembered that our strength lies in being unified when standing to represent those things which are dear to us. The future of the hospital (see Passim Nov /Dec 1997) is still being discussed, let us hope that the future of the Gazette will never look so bleak.

I hope that you will continue to enjoy the Gazette, and ask that you write to me with any suggestions that you feel might be appropiate. Our email account is a new avenue that you may wish to explore when contacting us. To our student readers I would urge you to get involved! The Gazette is your magazine!

With best wishes for 1998.

Nabeela Ahmed
Editor, Guy's Gazette

Hunt's House

Dear Sir,

I am sure generations of Guy's Graduates have been saddened to see Hunts House being slowly dismantled over the past few months. On each weekly ward round, I have watched from the safety of New Guy's House to see this piece of personal and medical history slowly disappearing. It may not have been very beautiful but it carried a lot of memories.

The final phases of the demolition are now being carried out behind massive screens like an injured race horse being put down. I have penned the following lines in tribute to this building, a much loved carbuncle.

Yours faithfully,

David Tong
Consultant Radiotherapist

ODE TO HUNT'S HOUSE

(with apologies to John Keats)

O thou unlovely queen of Guy's
who now in unhappy, abdication lies;
A centurian, who rose above a sea of troubles
Now lies, vanished, in a pile of rubble.
We will no longer see your blackened face
Or ward rounds gathering at your base.
No more the ancient seat of alchemy
Or of tubercle isolated on your balconies.
No longer will we silent tread
The rubber tiles of Wilks, part iron beds,
And into the sanctuary of Bright
to sip mugs of coffee into the night.
No more the struggle with your oaken doors
to ascend your stairs to higher floors.
O, sad, no more the doors to pull
to exit Addison, Stephen or William Gull.
O dirty lady, who defied those German bombs,
who saw the generations of students from
those historic pre-antibiotic days,
is now shielded, in shame, from inquiring gaze:
A victim of cruel planners' obsolescence;
Declared an offensive, Victorian excrescence,
Now, in ruins, your empire lies;
In place of towers, just clear skies.
Goodbye, old lady, physicians spouse -
Farewell, old friend, dear grey Hunt's House

Tong in Cheek
December 1997

Flying Bombs

Dear Sir,

Hugh Baird's letter about the VI flying bombs of 1944 reminds me of a train journey that I made at this time from Bromley to London Bridge, on my way to another day of preclinical lectures at Guy's. It was bright and sunny and we had halted on that long raised embankment in the Lewisham and Hither Green area, where from the train you look down on to the roofs of densely packed shops and houses.

Next minute, chugging along with the characteristic flame in its tail, came a V1, its noisy engine banging and puffing away like an old car with a broken exhaust. And then, very abruptly, the noise stopped and we knew what that meant.

What I will never forget is how, the second after the thing had dived into some houses and exploded, our grand stand view from the train showed us people from all the streets around unhesitatingly running towards where it had landed.

I don't believe in glamorising the past too much and I don't suppose all these people were necessarily 100% bent on rescue, regardless of personal danger. Human nature being what it is, some may have been keen to be the first to tell their neighbours who had been killed or injured this time and who had had a lucky escape.. Some might even have been thinking of the chance of a bit of loot lying around (who was to say it hadn't fallen off the back of a lorry just before the bomb fell?). But it didn't look like that. It was an impressive sight. It is sad that it seems to take a war to bring out the best in us.

Yours faithfully,

Thurston Brewin, FRCP
Oxford

United Hospitals?

Dear Sir,

In response to a colleagues persuasion I enclose a transcript of a speech I made in 1972 as chairman of the 530th meeting of the United Hospital or Borough dining club. (This has been printed on Page 27).

The club was formed in 1828 to heal a rift and promote friendship between Guy's and St.Thomas's. There were only thirty members and it has met twice yearly ever since usually in Innholders hall. At each meeting the chair is taken by a member in rotation; he conducts the meeting and is required to make a speech to explain to the guests the origins of the club but also to entertain the fellow members. The membership is small and in my experience few Guy's men know of its existence. I was elected in 1964 but since then there have been many distin-

guished members from both hospitals. At a certain age one chooses to become an honorary member to make way for others. In the present climate it seemed appropriate for your readers.

Yours faithfully,

DA McGill MD FRCP
Winchester, Hants

This speech appears on page 27

John Fry Dinner

Dear Sir,

For the past few years I have written to the Gazette about the John Fry Dinner. It was started in 1988 by the late Dr John Fry for his fellow students of the year 1944 and now covers all of the 1940s.

The 10th John Fry Dinner was held at Guy's on October 16th 1996 and, as always, proved most enjoyable. We had a record attendance of 72 Guy's men. They included Professor Bob Walton from California, Bill Jeanes from Toronto, lan McCallum from Edinburgh and Alec Graham from Zimbabwe who lowered the average age by bringing his grandson, John Howorth, currently a student at UMDS.

Mr Tom Lewis, our guest of honour, gave some entertaining reminiscences of his early days at Guy's. Dr Bob Knight once again kindly updated us about the situation at Guy's today.

Several people have come to the dinner as a result of reading my letters to the Gazette and this is the reason I am writing to you again.

Next year's dinner will be on Tuesday October 13th 1998 at Guy's. Any Guy's man/woman of the 1940's or thereabouts who thinks they might enjoy a bit of old acquaintance is welcome to contact me for further information. My address is:

Dr R E Irvine,
Dolphin House,
Le Foulon,
St Peter Port,
Guernsey GY1 1YY.
Telephone: 01481 723298
Fax: 01481 71 41 35
Email: rei@itl.net

Yours faithfully,

RE Irvine CBE
Guernsey

Happy Days

Dear Sir,

The Class of 1967 had a happy reunion on November 8th. It started with a tour of the Globe Theatre, where we were shown round by a glamorous young actress who treated us to a short passage from Romeo and Juliet!

Memories of sitting in the Medical School lecture theatres came flooding back. A ramble along bankside brought us back for tea in the attractive atrium of Thomas Guy House. Bob Knight then took us on a splendid historical tour of old St Thomas' Hospital, and then the full background to the development of Guy's. We ended the day with an excellent meal in the Robens Suite with Richard Hughes telling us the truth about the Guy's situation. Speeches paid tribute to the fine medical education we had received here.

Yours faithfully,

Rosemary Hall Lewes
East Sussex

First Lady!

Dear Sir,

Following Dr Jelleymans letter (October 1997), one or two people might be interested to read the following.

My late wife, Angela Fawcett (nee Fooks) and I entered Guy's on 6th October 1947, she being the first in the year of ladies 50 years ago. She in 1952 became the first lady house officer at Guy's to Mr Rix in the orthodontic department. We married in 1953. She later was the first to qualify for the orthodontic diploma RCS, and subsequently became the first orthodontic consultant to the Hong Kong boat - the only person in the then crown colony to posses this higher qualification - at only aged 28! Also she was dental advisor to the Royal Navy whilst we lived there. She later became consultant to Wiltshire County Council on our return from Hong Kong and tragically died aged 39 in 1968. Had she lived I am sure she would have risen to the top - I on the other hand am still just a GP.

Yours faithfully,

MJ Fawcett
Kendal, Cumbria

NEW

From BUTTERWORTH HEINEMANN

An Outline of Oral Surgery
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G R Seward, M Harris, D A McGowan, H C Killey, L W Kay

'An Outline of Oral Surgery' Parts I & II have become well established as an excellent source of information for all students preparing for undergraduate final examinations or higher examinations in dentistry. This new combined edition provides the material previously only available in the two companion books in a more convenient format.

November 1997 704pp Paperback 216 x 138 mm 0 7236 1061 4 £35.00

Clinical Oral Science

Michael Edgar, Malcolm Harris, Sajeda Meghji

Clinical Oral Science has been written in order to provide a text exactly tailored to the new postgraduate examinations. The authors have attempted to translate the complexities of subjects such as molecular genetics and molecular biology into a digestible form for orofacial clinicians and contributions have been written with the aim of fusing basic science and clinical practice.

December 1997 352pp Paperback 246 x 189 mm 0 7236 1059 2 £50.00

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Crispian Scully, R A Cawson

This new edition, has been extensively reworked, whilst retaining its original aim of discussing in as much detail as possible systemic diseases that can complicate dental treatment or that have manifestations in the mouth. Carefully structured to provide background information on these diseases and their management, it goes on to outline their impact on dentistry, and to indicate how these problems should be dealt with.

February 1998 400pp Hardback 246 x 189 mm 0 7236 1056 8 £45.00

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Monday 11.30 - 14.30
Tuesday 11.30 - 14.30
Thursday 11.30 - 14.30

In Search of London's Youngest and Brightest Dentists...

Tuesday 18th November saw the first interschool quiz for several years return to the Guy's Bar. The reasons for this lapse in time before all three schools realised that it might be fun to do something together are not clear, but perhaps it might have to do with The London always winning?

Teams from The London and King's arrived at Guy's in their usual fashion, late, I think mainly because they realised that perhaps in doing so this would ensure the Guy's teams were completely inebriated with alcohol. They were not wrong! And if there were going to be prizes for the best dressed teams and those with the most supporters one only needs to see the photographs. There is I'm sure someone out there is in mourning for the 4,000 tea cosys that were slaughtered to provide the Londoners' costumes!

Once the late comers were attended to and teams finally arranged, a head count revealed there were twelve teams taking part. One school (who shall remain nameless) had gone to extraordinary lengths to get into the spirit of things, thinking perhaps the more teams they entered the more chances they had of winning?. All the teams battled through three rounds, painstakingly at times, answering questions such as the 'colour of the strand in monopoly' to the 'inventor of the credit card'.

The prizes varied from a magnum of champagne, swatch watches, travel pictionarys to wallets provided by the sponsors Dental Protection. The London managed to take an early lead (the school with the most teams) which they maintained throughout, so the battle was definitely fierce for second and third.

So for those long awaited scores: 1st London II, 2nd King's I, 3rd Guy's The top three teams were presented with their trophies and prizes, which in the case of the bottle of champagne for the winners was rapidly consumed using the prize cup! The rematch they should be warned is, however, eagerly awaited - and Kings and London beware - we won't lose by being so hospitable next time!

Nabeela Ahmed
Guy's Hospital Dental Society

'Guy's Quiz Team'

UMDS 1997 Charity Diwali Show

Having been a student at Guy's for almost two and a half years, I have now had the opportunity to attend several of our own, and other University Diwali Shows.

I must start by saying that this year for the first time I was personally involved in the show. However, I feel I can safely say, with the unanimous backing of many of my peers, that the Diwali Show which was put on this year was of a calibre perhaps never seen before in a University setting. In previous years there has never been a lack of dedication from the contributors at UMDS, and the acts were always of a high class. What separated this show from any other that I have seen was it's fluidity. The whole show was seamlessly joined together with apparent ease, and everyone from the comperes to the backstage team seemed to be working in perfect harmony. The show consisted of Eastern and Western fashion catwalks, songs and dances, which were all equally well performed. There was also a comedy act with a cast who yet again did an excellent job.

The other factor that made this show different, was the atmosphere. The electricity of that night will stay with me for a long time to come. Irrespective of which University people were attending, the crowd got behind the show completely and their encouragement of the performers seemingly led what was great in rehearsal, to become something magical on stage. All our acts seemed to soak up the atmosphere and simply enjoy their time on stage.

This may all seem like overkill, but I feel confident that anyone who attended this particular show will agree that this lacked any of the amateurish nature of previous attempts and really was a great event. I must congratulate all those who took part, or who assisted in any way. I also believe after being present at some of the rehearsals, that the organisers of the event went a long way to setting a precedent for how such a large scale event can be run efficiently, to produce truly impressive results. In short the 1997 Diwali show not only showed us the talent and commitment of the students of UMDS, but packaged it in such a way as to make it a very special evening for any spectator.

Jason Roach
News Editor

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30th March 1998 - 1.00pm
Contracts & Pay
by Janet Maguire, Regional Manager South Thames Office
The Ballroom, Boland House

11th May 1998 - 1.00pm
The House Officer Experience
by Dr Bill O'Neill
The Ballroom, Boland House

8th June 1998 - 1.00pm
Finding a House Job
by Kamran Abbassi - BMA House
The Ballroom, Boland House

FOOD WILL BE PROVIDED AT EACH TALK

On Reading Keats on the Occasion of his 200th Birthday

It's the chamber of your lines
That's so hard to define:
I look back over whole paragraphs
And notice that they rhyme.
Sometimes I can't make head or tail
Of what it is you're saying,
But that's less your inept quill
And more my mind that's straying.
And occasional strange spellings
That keep me on my toes
And mythological references,
Well, I'm not too bad on those.
That bitter-sweet view of love,
Now we're on solid ground,
As if there was another theme
For poetry in the round.
An occasional adjective or half line
That's surely there as stuffing,
But that's more likely in the early verse
As young talent takes to puffing
Behind the beautiful, matures odes
And those long, long narrative ones.
Gosh, John, I never thought I'd write this:
Love you, tons.

Philip Jenkins, 1997

Guy's Hospital RFC REUNION BALL

Glaziers Hall Southwark, near Southwark Cathedral Saturday 25th April 1998 following the past vs. present rugby matches at Honor Oak Park

Includes 3 course meal, wine and Entertainment
For tickets and further information contact:
Dr Gibson Tel 0171 9553310
Fax 0171 407 7532
John Davies
0171 9555000 bleep 1075
Toby Edwards-Lunn
Bleep 0336 722245

Clinical Day

Guy's Dental Hospital, Guy's and St Thomas Hospital Trust, Annual Clinical Day will be held on Saturday 7th March 1998 from 9.00am. All alumni are welcome to attend. A staff and alumni dinner will be held on Friday 6th March 1998.

All enquiries to Miss Ann Webster, Deans Office, Medical School, UMDS, Guys Campus, London SE1 9RT Tel 0171 9554204

Guy's memorabilia will be available to purchase on the day!

Friends of Guy's Donation to the Department of Oral Medicine and Pathology

The Department of oral medicine and pathology had been selected by The Friends of Guy's as this year's (1997) beneficiary for fund raising efforts. These included raffles, collections and the summer fete. The money will go towards an intra-oral camera which can record and store images of individual lesions. Sequential images of lesions can be compared (and shown to patients) to determine the nature and content of any changes. The photograph shows a grateful Professor Stephen Challacombe receiving a magnificent cheque for £6,600 from Margaret Roberts.

SJC

Professor Challacombe receiving the cheque from Margaret Roberts

New Gazette Editorial Committee 1998

The new Gazette Committee comprises of the following student members:

Editor
Nabeela Ahmed (Year 4dentist)
Assistant Editor
Barnaby Scholefield (Year 3 medic)
Layout Editor
Paul Stevenson (Year 4 dentist)
Proof Reader
Lindsay Harvey(Year 3 dentist)
News Editor
Jason Roach (BSc student)
Sports Correspondent
Ben Challacombe (Year 5 medic)

Nij Sampaul has been invited to join the committee in his role as Vice President - Guy's. In addition readers may be pleased to note the addition of Lindsay Harvey to the Gazette committee as our proof reader!

Dr David Bartlett and Dr David Craig have been invited to join the Gazette Management Committee representing views from within the dental hospital, and hopefully will be featuring in a regular column known as the view from the Tower.

News features for this year include the inclusion of a new monthly quiz and we have had prizes donated by Tower Thistle Hotel (see page 32), Braebourne Spring, Oral B and Colgate Pharmaceuticals.

GUY'S HOSPITAL SOCIETY

Bournemouth and Wessex

On 7th November 1997 21 members and wives, of our great Guy's family gathered at the Yenton Hotel, Bournemouth for the Society's 42nd Annual Dinner.

After an an excellent meal and a most convivial time together it had been arranged to have a discussion about the Society's future following a questionaire that had been sent out by the Chairman, Dr. Ron Hill, earlier in the year. Accordingly no guest speaker had been invited. Regretably only 25.5% of the 98 paid up members had replied and Ron Hill opened the discussion by pointing out the range of opinions that had been expressed regarding venue and style of meetings. The writer having just attended his own year's 40th Anniversary renuion at Guy's was, like others, greatly saddened at the changes that are occurring at our great hospital. It was heartening, therefore, to have expressions of determination and hope that the spirit of Guy's was still strongly alive and our allegiance to the great institution remained as firm as ever. Some younger graduates who were present expressed ideas for a change in type of meeting when it was hoped members' families and children in particular could be involved. To this end Ann-Marie Sedgewick and Peter Rosie agreed to take on the task of organising a mid year get together, possibly at a lunch time and possibly at a suitable venue in or near the New Forest, to provide what it is hoped will be a renewed attraction for existing members and also attract the newer and younger Guys' graduates who have moved to the area. Ron Hill and Eric Archard, our indespensibleble and long serving secretary - who was given a small presentation earlier in the evening for all his sterling efforts - agreed to continue to give the back up administrative support that is so vital. Thus from rather a sombre and pessimistic beginning an air of hope and determination to rekindle the enthusiasm of Guy's men and women in Wessex developed and having received the support of our younger colleagues with a great deal of pleasure the members re elected Dr. Ron Hill as Chairman for a further year, Dr. Eric Archard as Hon Secretary and Dr. Mauve O'Driscol as Treasurer.

Anyone who feels moved to join us in keeping the Guy's tradition to the fore should contact Eric Archard on 01202 393077

Guy's Hospital

BIENNIAL DINNER

The next Biennial Dinner will be held at the Connaught Rooms on Friday 2nd October at 7pm. This will be not only the last Biennial Dinner of the century but also of the millennium and we hope that as many people as possible will attend. Many years find this a great opportunity to arrange a reunion. All Guy's graduates, medical and dental , all UMDS graduates and all consultant staff of the Guy's & St Thomas' Hospital Trust are eligible to attend.

Tickets will be £45 each to include wine and, as usual, a cash bar will be available before and after the proceedings. Would all those wishing to obtain tickets, please either contact me on 0171 955 4052 or write to me in the Department of Surgery, 2nd Floor, New Guy's House at Guy's Hospital, London SE1.

Martin Jourdan
Honorary Secretary
Guy's Biennial Dinner

Guy's Characters

Sir Arthur Hurst (1879-1944)

Of the long list of distinguished Guy's Clinicians of the 20th Century, few would dispute that Arthur Frederick Hurst's name comes well towards the head as deserving the title of a great Guy's character. Hurst was born in Bradford in 1879, educated at the Bradford and Manchester Grammar Schools and then progressed to Magdalen College, Oxford with a scholarship, obtaining first class honours in Physiology. His clinical student days were at Guy's, again on a Scholarship, and here he obtained the gold medals in Medicine and Surgery. He qualified in 1904. After a year on the House he travelled to Munich, Paris and America on a Radcliffe Travelling Fellowship and was appointed as Assistant Physician at Guy's at the early age of 27. He was placed in charge of the Neurological Department, a new appointment which was created specially for him. However, Hurst's interests spread very widely and included gastrointestinal physiology and diseases, the anaemias, asthma and other allergic conditions and psycho-neuroses, especially hysteria.

'His clinical student days were at Guy's, again on a Scholarship, and here he obtained the gold medals in Medicine and Surgery.'

During the first world war, he became a lieutenant-colonel in the RAMC and served in Greece, where he dealt with an epidemic of dysentery and treated many cases of infective jaundice. However, his great contribution was to take charge of a special hospital at Newton Abbot in Devon to deal with the large number of cases of so-called 'shell shock' coming back from the Western Front. Here, with an enthusiastic team of junior colleagues he treated vast numbers of cases of hysterical disorders and psycho-neuroses having a predominantly physical expression. He employed the direct persuasive method in conjunction with simple explanations and reassurance, which restored almost miraculously bed-ridden, paralysed or blind young men to normal. I should add that he was a vigorous critic of the Freudian school of psychiatrists. His experiences were published in a book 'Medical Diseases of the War', which was first published in 1916. Interestingly,

this was republished as 'Medical Diseases of War' in 1940 and proved of great value to the Medical Officers of World War II.

Hurst returned to Guy's in 1918, and became a full physician. His Tuesday 'combined round' in the central hall of Addison Ward attracted large numbers of colleagues, students and graduates. In the coronation honours list of 1937, Hurst was knighted and he retired from active staff in 1939.

This year saw the outbreak of the second World War and Hurst, now 60, was asked to become Consulting Physician to the Radcliffe Infirmary at Oxford as well as Lecturer in Clinical Medicine of the newly established clinical school there. At Oxford, his ward rounds and his Monday demonstrations again attracted audiences comparable in size and enthusiasm to those at Guy's in earlier years. Guy's itself was severely depleted of staff during war time and Hurst undertook to resume teaching sessions at his old hospital in addition to his work at Oxford. What were Hurst's contributions to medicine? His contribution to the treatment of hysteria has already been mentioned. He became one of the pioneers of barium meal examinations as a means of diagnosis and made some of his earliest observations on healthy students at Guy's. It was on his suggestion that John Ryle and Bennett took up the study of the fractional test meal in this country. He was the inventor of the use of the Mercury Bougie for the treatment of achalasia of the cardia and he was a leading authority on this condition. In Neurology, his first special subject, his most important contribution was his clear demonstration of the association between sub-acute combined degeneration of the spinal cord and pernicious anaemia. He had even tried the therapeutic use of liver in the treatment of this condition but in insufficient quantities before the epoch making discovery of Minot and Murphy.

'He became one of the pioneers of barium meal examinations as a means of diagnosis and made some of his earliest observations on healthy students at Guy's.'

Hurst's hearing was impaired from his early years and this precluded easy use of the stethoscope, so diseases of the heart and lung escaped his close attention. However, in 1908 he wrote the first account of auricular flutter with GW Goodhart.

Not only was Hurst deaf but he was never a strong man. He was a lifetime sufferer from asthma, and would inject himself with adrenaline through his trouser leg! In the last year or two of his life he was laid low with repeated attacks of bronchitis and endured some very prolonged phases of severe asthma. His

complexion was pale, his body slight and frail but his energy and courage were immense. He never flinched from attack on what he considered to be bad or irresponsible in medical opinion or practice. Many of his colleagues disliked the fact that he strongly favoured the admission of women to the London Medical Schools.

Readers of the Gazette will be interested that in 1921 he assumed Editorship of the Guy's Hospital Reports and continued as Editor for many years, converting the journal into a thriving quarterly filled regularly with papers of high quality. Almost every issue contained something of his own pen or by a junior as a result of work stimulated or proposed by him.

Harold Ellis

Sir Arthur Hurst

A London Hospital During the Blitz

For those that think getting the bus to work is hassle..... read on.....

In 1940 I was on the secretarial staff at Guy's Hospital in the Borough - as that part of Southwark was known. It was an historic area with the famous George and Tabard Inns from whence the Canterbury Pilgrims set out on their journey; there were warehouses where the hops and yeast for the brewing trade were stored; and it was home to Southwark Cathedral and London Bridge. Along with the Docks it bore the full fury of the Luftwaffe attack.

I had dual duties at Guy's. In the mornings I worked for the Clerk to the Governors and in the afternoon I switched to the medical side helping to run the cancer follow-up Clinic. Even in the days before the N.H.S there was great suspicion and tension between the administrative and medical sides of the hospital and I soon learnt to be very tactful as I had a foot in both camps. The Matron was a truly formidable Irish lady whose remit, thankfully did not include the secretarial staff. She ruled the nursing staff with a rod of iron. I wonder what she would have made of some of today's nursing practices.

'Even in the days before the N.H.S there was great suspicion and tension...'

The London Teaching Hospitals each had a sector is the Home Counties allotted to them where patients were sent away from the dangers of the Capital. Ours was in Kent based at Farnborough Hospital - not an entirely safe area! I was living in Oxted just over the downs from Biggin Hill. Many were the dogfights we saw that summer and autumn. I found the journey to London by train at times almost impossible owing to the bombing and I was often called in for night and weekend duty as we were on call should we be needed during air raids. Looking back on this period I realise that we were accommodated without much thought. We slept in an underground room at the hospital with enormous old hot water pipes around the walls. It only needed a well placed bomb in the vicinity for us to be scalded

alive. Also we were next door to the emergency operating theatres and, when there had been operations all night on bomb casualties, we used to wake up in the morning- if we had managed any sleep - half anaesthetised from the fumes of the ether used for the operations. From the constant bombing, especially with incendiaries and the fires they caused in the warehouses, there was an all-pervading smell in the air from burning hops. I shall never forget it.

The population of Southwark took nightly - and sometimes daytime refuge in the depth of the tube stations. I never went down there at night but I did during the day and I imagine that at night it must have resembled a scene from Dante's Inferno. Our medical students and houseman were on duty rota there at night and several of them contracted TB as a result, some dying from this, just as much casualties of war as any serviceman.

It was strange after the violent noises of the night, to go out into the silent streets of the Borough in daylight after the 'All Clear', and to pick one's way through the hosepipes, the water, the broken glass and rubble. Those quiet moments were precious. I used to make for London Bridge to see the Thames flowing quietly on it's way as it always had and always would. We had one daylight raid which was particularly unfortunate. The bomb dropped in St George's Circus as people were queuing to go into the Church for shelter. The Hospital was thronged with casualties that day. The Hospital did not escape unscathed. In a night raid incendiaries fell on part of the old wing in the forecourt and destroyed Sir James Thornhill's fine painted ceiling and did great damage to other historic rooms. By a miracle the wards escaped damage.

A great deal of the Hospital's work had been removed to Farnborough. Accordingly I sought, and obtained leave of absence for the duration. I had lost my home to the Luftwaffe and I was becoming very tired of having their bombs dropped on and around me. I thought it was time I did something positive about it - so I joined the W.A.A.F.

As a footnote - many years later, when my son was to be born, I was attended by a now-retired obstetrics surgeon at Ipswich Hospital. When I went for my first consultation, the years slipped away and I saw him as a young man in a white coat, with a stethoscope round his neck, and a permanently worried expression on his face, walking through the wards at Guy's. Simultaneously we said to each other 'I know you!' I didn't ask what his recollection was of me but I told him how worried he had always looked. To which he replied 'So would you have been if you had sole charge of all the mothers and babies in Borough.' He had been a very young registrar who became a first-rate obstetrician, moulded in the heat of those war-time days.

Joan Melville-Jackson

The Origins of Gray's Anatomy

Harold Ellis, Department of Anatomy, UMDS

Grays Anatomy' is the most extraordinary phenomenon in medical publishing. It has been a best-seller since it first appeared as 'Anatomy Descriptive and Surgical' in 1858. It is the only medical textbook that has become a household word, and as far as I know, it is the only one that has been published in popular form as a facsimile of the original first edition which can be found on sale at railway bookshops.

Henry Gray (1827-1861) was born in Windsor where his father was private messenger to George IV. He entered St George's Hospital as a student in 1845 at the age of 18. He was described by those who knew him as a 'most painstaking and methodical worker, and one who learned his anatomy by the slow but invaluable method of making dissections for himself'. While still a student he secured the triennial prize of the Royal College of Surgeons for an essay 'On the origin, connections and distribution of the nerves to the human eye and its appendages, illustrated by comparative anatomical dissections of the eye in other vertebrate animals'. He qualified MRCS at the early age of 21 and spent a year as House Surgeon at St George' s. At the age of 25 he was elected FRCS and in the following year obtained the Astley Cooper Prize of 300 guineas for his essay 'On the structure and use of the spleen'.

'...most painstaking and methodical worker, and one who learned his anatomy by the slow but invaluable method of making dissections for himself'.'

In those days the way to election on to the Surgical Staff of a teaching hospital was through the dissection room. Gray therefore worked first as Demonstrator, then as Museum Curator and then Lecturer on Anatomy at St George's.

In 1858, Gray published the first edition of his anatomy. It comprised 750 pages and 363 illustrations. Much of the success of the book was due to the excellent drawings. These were made by Dr H. Van Dyke Carter, a friend of Gray's and

former demonstrator in the department. A second edition was prepared by Gray and published in 1860.

In April 1861, Gray was candidate for the post of Assistant Surgeon at St George's and his election was regarded as almost certain. However, with considerable courage Gray nursed his young nephew suffering from smallpox. Gray himself contracted the disease and died of its confluent variety after a short illness on the 13th June 1861 at the age of 34. He was engaged to be married. He is buried at Highgate Cemetery.

The editorship of the book passed to Timothy Holmes, another practicing surgeon at St George's, and then to his colleague, Pickering Pick who took the book up to its 14th edition in 1897. Professor Howden, of the University of Durham, assisted Pickering Pick with a couple more editions and then took over as sole editor, until the 23rd edition in 1926.

At this stage, Guy's Hospital Medical School comes into the picture with the appointment of Professor TB Johnston, who took over as editor between 1930 and the 32nd (Centenary) edition in 1958. During that time he was assisted by J Willis, Reader in Anatomy at Guy's and also by Professor DV Davies of St Thomas' and Professor S Davies of Sheffield. A solitary 34th Edition appeared in 1967 under Professor DV Davies' editorship from St Thomas' before the 35th Edition in 1973 passed back to Guy's, under Professor Roger Warwick and Professor Peter Williams who also produced the 36th Edition. For the 37th Edition in1980, which saw radical resetting of the book, the two Professors were joined by Dr Mary Dyson and Dr Laurence Bannister, both Readers in the Department. The proud 38th Edition appeared in 1995, now under the title of 'Gray's Anatomy; The Anatomical Basis of Medicine and Surgery' under the chairmanship of Professor Peter Williams, who sadly died before this edition appeared and now appears under 10 section editors. No less than six of these are from Guy's Campus of UMDS : - Dr Laurence Bannister, Professor Martin Berry, Mr Julian Dussek, Dr Mary Dyson, Professor Susan Standring and myself. The other editors are Dr Patricia Collins of Southampton, Professor Gabella of University College, Professor Salmons of Liverpool and Dr Soames of the University of Leeds

'No less than six of these are from Guy's Campus of UMDS...'

Our medical students, nurses and staff must surely take pride in the fact that the world's most famous medical text book in its present form owes much to the Anatomy Department of UMDS on the Guy's Campus.

Harold Ellis

Bob Knight or Guy's on the danger list

The following words were penned in tribute to Bob Knight, who retired from the Gazette as our chairman in the Autumn.

On the day Bob was born, the Times did declare
That without much more cash, Guy's might disappear.
But RK came to Guys in late '53,
enjoying his learning and his sport ones does see.
Fearless and strong, he played at scrum half
good for a game, and game for a laugh.

Libya beckoned and abroad he did go
to play his full part as an army M.O.
He returned to the fold as a young registrar,
and soon was he known as a Guys shooting star.
after a spell at Johns Hopkins and with BTA
immersed himself in Guys at work, sport and play.

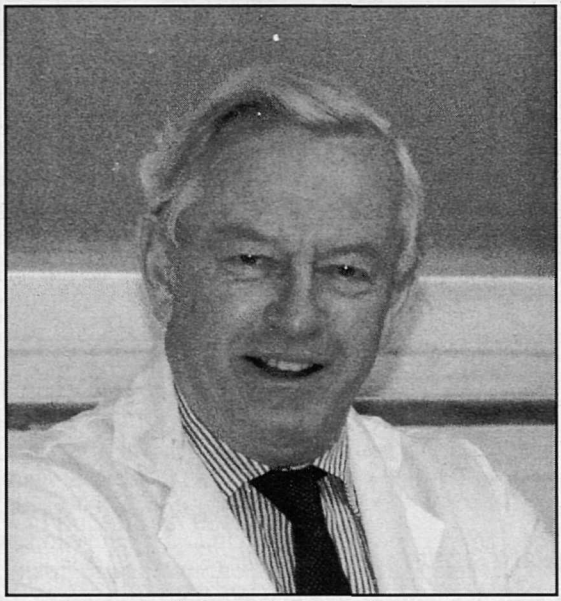
The talented pressure on those consultant gates
led to them opening in mid '68.
Committees are known to be the bane of ones life,
consuming ones time and with intercine strife.
But an integral part of a professional job
and one not to be shirked by our chairman Bob.

Medicine then was less science and more art
Bobs teaching gave students the very best start
His clinical skills were second to none
and many a patient is ex-moribund
Spare time was spent with Addison and Keats
even Winnie the Pooh was one of his feats.

But Guys Gazette is of course why we are here
to say thank you to Bob with a glass of good cheer
to gratefully thank him for all he has done
to acknowledge his skills with the word and the pen
He has chaired the committee since '89
supplied us with humour and some of the wine.
We hope that his present surrounded by glass
will, with Marion, remind him of us.

He is leaving us now with Guys still on the list
a lifetime gone by and still opportunities missed
by those in high places with eyes on the pound
instead of the patients where true value is found.
He has fought for us all who have pride in this place
We thank him for giving us hope and solace

SJC
January 1998



Picture of Bob knight

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United Hospitals Club

The following is the transcript of a speech given at the 144th meeting of the United Hospitals Clubs. No, it's not the old student union speech.....

This speech is to outline the origins of the club. It was founded 14th February, 1828 to keep alive the traditions and memories of the past, to perpetuate old and create new friendships and to prevent the extinction of the brotherhood between Guy's and St Thomas's men which had existed for nearly a century following the opening of Guy's which was founded in 1725. With the exception of the St Albans Club, it is the oldest medical dining Club in London.

St Thomas's Hospital originally was a priory attached to St Mary Overy and dates back to 1307 founded by the Bishop of Winchester and cited on the south side of London Bridge in the Borough. The school of St Thomas's commenced in 1561 and that of Guy's a century and a half later in 1725.

'...they do say ow e built two orspitals, Thomas's and St Guy's and that is how they came to call him Thomas Guy'.

Thomas Guy was intimately involved with both hospitals; he was a Governor of St Thomas's Hospital and of course founded Guy's Hospital, at that time on the opposite side of St Thomas's Street. It opened and received patients in 1725, unfortunately a short while after Guy's death.

From this date onwards the association between the hospitals was close, not only on geographical grounds for Guy's was built on land leased from St Thomas's by a governor of the older institution.

Thomas Guy was obviously a man of some resource, was born somewhere in the region of the Borough and was the son of a lighterman and coal monger. His mother hailed from Tamworth on the borders of Warwickshire and Staffordshire and this town figures occasionally in his activities and acts of philanthropy.

There is an interesting quotation concerning Guy's Deans Dilemma 1908. 'they do say ow e built two orspitals, Thomas's and St Guy's and that is how they came to call him Thomas Guy'.

He was a bookseller by trade and also a keen speculator, traded in Dutch bibles, was a member of the stationers Company, also a member of Parliament and preferred to pay 400, a great sum in those days, rather than accept the honour of position of Sheriff of London.

He was a man of some independence for whilst a bookseller, he married his housekeeper as, in his absence, his fiancee went too far and gave instructions to paviers outside the shop to carry the work further than Guy had suggested. With admirable strength of character he immediately broke off the engagement and perhaps we should give credit to this lady's ineptitude for his developing other interests and even for the very foundation of Guy's.

He was a man of some talent and although considered miserly by some with iron-bound chests and piles of gold coins, this seems to have been a myth and there is a story of him looking over London Bridge when a passer-by, thinking that he was about to commit suicide, pressed a guinea into his hand. Guy disabused him and obtained the man's name and later, when this new found friend fell upon ill times, Guy re-established him in business in Newgate Street.

'...thinking that he was about to commit suicide, pressed a guinea into his hand.'

Guy was a great friend of Sir Richard Meade, a well known physician, and he must have influenced Guy's thoughts a great deal and this to the good, particularly with regards to St. Thomas' and Guy's hospital. There is an anecdote concerning this medical man who was renowned for his hospitality and on one evening after a very good dinner and having taken too much alcohol he was called to the bedside of a duchess, approached the bed, tripped and then with considerable insight said - 'Drunk, by God!'. The duchess appeared from between the sheets and was so impressed with the accuracy and rapidity of his diagnosis that she bound him to silence and promised to support him throughout his professional life and thereafter he was a huge success, particularly in fashionable medicine.

The poor seamen on board ship in the Royal Navy, at that time engaged in an expensive war against France, and received tickets instead of pay. This reminds me of the post-war Credits. The sailors were forced to sell their tickets at about half their face value and Guy invested heavily in these transactions. In 1716 the government invited the holders of the national debt to exchange their stock for shares in the South Sea Company and herein lies the basis for Guy's vast fortune.

His greatest act of philanthropy of course was the foundation of Guy's Hospital. It was thus largely due to Guy's efforts that these two great hospitals flourished in close proximity and with appropriate co-operation from 1725 onwards.

There are innumerable fascinating facts and anecdotes regarding the staff and manner of life within these institutions which was rigorous on modern standards. It is of interest that payment by the patient for 'Apothecaries stuff' was demanded and the parish of his origin was responsible in part for his maintenance whilst in hospital. Perhaps the stocks and whipping posts still standing late into the 19th century were used for the correction of refractory patients might be useful in helping to relieve tension amongst doctors today? Absence from church was punished by the confiscation of dinner and this approach might swell our congregations on Sundays although I suspect a pink paper would come hot foot from the ministry.

The GMC, would, I am sure be affronted if a Sister was dismissed for the reading of her marriage bans to a felon or a misdemeanour was rewarded as it was in 1570 with 'twelve stripes; well laid on'.

'...there was never a more perfect set of lambs than the Guy's students'.'

Students of history with an interest in the Borough and its hospitals would find a strong connection between the Borough itself and Winchester where they should not overlook the many relics in Swanage, Dorsetshire transported there by Mowlem, a stone merchant who provided the stone for the paving of the Strand and was I believe involved in the building of London Bridge, now in the USA. I am given to understand also that Mowlems, derived I am sure from the original firm, is now involved in the building of the present London Bridge.

I was not aware that politics played such a part in the appointment of staff in the 18th and 19th century. However, once qualified your choice of hospital and coffee-house was influenced by your political leanings and at that time it was known that Barts was a Tory stronghold whilst Thomas' and Guy's were supported by dissenters and Whigs.

The Guy's school commenced with the opening of the hospital in 1725 and from the beginning there was co-operation between it and the older school of St Thomas's. It was accepted that pupils and apprentices from each might attend operations at either institution. In 1760 what was regarded as the Borough Hospitals became known as the United Hospitals.

Happiness and bliss appeared to continue until early in the 19th century. In 1825 the first rift between the schools developed and ended in academic separation. The disagreement centred around the argument as to whether lectureships might

be handed on or sold by the incumbents and this principle was debated by the Governors of St Thomas's and led to a train of circumstances followed by a cutting of the Gordian knot and the establishment of independent schools in 1825.

Old ties, however, are not easily severed and for a further twelve years it was customary for students of both Hospitals to visit the operations of either, passes and tickets being issued for the purpose.

In 1836 two Guy's men attempted to force an entrance to St. Thomas's operating theatre without a pass; they were refused but were insistent, a fracas followed, support was rallied and Guy's was repelled; nine Guy's men were 'run in' by the police and it was this sequence that led to the final divorce between the schools. St Thomas's we must admit merely won this fracas by a rather unfair superiority of numbers and according to the report in the newspapers it was said 'there was never a more perfect set of lambs than the Guy's students'.

Two years after the opening of the school and before the separation in 1836 on an appropriate date - namely, St. Valentines Day, 14th February 1828 - twenty-two gentlemen met at the London coffee-house Ludgate Hill, dined and voted into existence this Club, 'The United Hospitals Club'.

'...St. Valentines Day, 14th February 1828 - twenty-two gentlemen met at the London coffee-house...'

It is interesting, that the majority of the founder members of the Club were practitioners and this reflected a smouldering resentment between staff members of the two hospitals.

The Club keeps alive the association and demonstrates that friendly rivalry and good fellowship are not antagonistic. It is social in it's activities, has never been drawn into politics and controversial subjects of all kinds are excluded from it's discussions in order to preserve the harmony of the proceedings. On two occasions members of Parliament have been proposed but one failed at the ballot box and this led the signal honour of membership to Sir Richard Luce in 1926.

This association between the two schools was even more justified when St. Thomas's moved from its original site in the Borough in 1862, when after considerable debate, the whole property passed into the hands of the railway for £296,000.

Of interest to the readers will be the silver collected over the years and in particular the circular snuff box presented by Edward Cock; the silhouette portrait of Sir Astley Cooper on the lid which of course belonged to this great personality. Also the loving cup bought by excess money in 1892, the silver cigar and cigarette cabinet purchased in 1906 in memory of a former secretary, Charles Browne; the

oak and silver casket containing the original minute book presented by CH Golding-Bird in Charles Browne's memory; the silver candelabra presented to Edward Cock on his retirement as senior surgeon to Guy's and acquired latter by CH Golding-Bird from a second-hand merchant in North London and given by him to the Club. Other articles include the silver salt cellar, two exquisite silver statuettes Edward VIIth for St Thomas's of course the other, that of Thomas Guy for Guy's.

And thus, we find ourselves in a time where all resentment has long since disappeared between a Thomas's and Guy's man, allowing them no longer to keep them apart but to demonstrate that the fellowship of this club continues.

Thus it is plain that old rivalries die hard but I am sure the resentment is not deep and is tinged with great humour I am sure all of us here are together when I give you the toast - 'The United Hospitals Club'.

D A McGill

Gazette

Internet Home Page

The Guy's Gazette is now available to all on the World Wide Web! Articles from the monthly journal can be found at the address below, as well as links to other medical and dental related sites.

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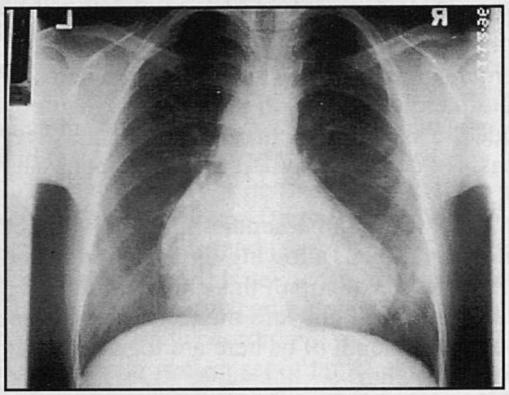
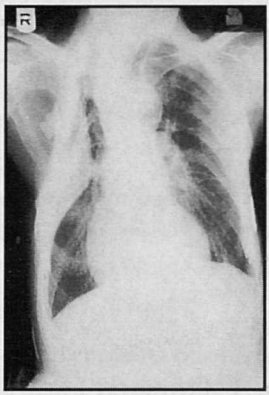


Question 1:

This 21 year old woman suffers from repeated chest infections. What is the diagnosis?

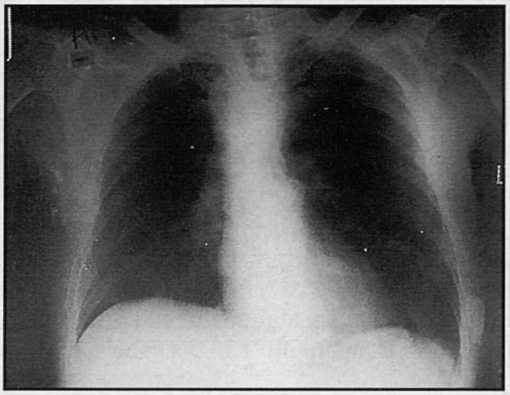


Question 2:

This 78 year old woman has had 2 operations. One is a coronary artery by-pass graft.

What was the other?

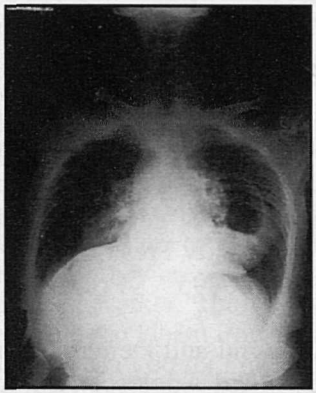
Why was it carried out?



Question 3:

This man has had worsening dysphagia over many years.

Why?



Question 4:
This patient presented with chest pain.
What is the diagnosis?

Question 5:
Why does this man have abdominal pain?

The winning entry drawn at random will receive a meal voucher worth £40 for use at the Tower Thistle Hotel. We are grateful to the Tower Thistle Hotel for donating this prize.

All slides are the copyright of : Dr Geoff Smith, Specialist Registrar in Gastroenterology.

Answers should be submitted to the Editor no later than 27th February.
The editor's decision remains **final** and correspondance will not be entered into.

Trauma to Oral & Dental Tissues in Children and Adolescents

Graham Roberts & Peter Longhurst
Oxford University Press
ISBN 0192620495 Price £29.95

Trauma to Oral and Dental Tissues in Children and Adolescents forms a substantial and important part of the undergraduate teaching in paediatric dentistry. It's importance is highlighted by the fact that approximately 30% of children will have experienced some oro-dental trauma by the age of 15, with the incidence on the increase. The need for the dental undergraduate to have a sound understanding of the biological basis of the various treatment options and to be confident in applying them is therefore fundamental.

In light of the above, the dental undergraduate of the past has had a very limited choice for a concise textbook on this subject. The currently recommended textbooks for paediatric dentistry fall into two categories. There are those such as 'A manual of Paedontontics' and 'Kennedy's Operative Dentistry' that do not adequately cover the subject of traumatic injuries in children. On the other extreme lies Andreasons textbook entitled 'Traumatic Injuries to Teeth' considered by many to be the bible of traumatic injuries. Although an excellent book, for the dental undergraduate it is expensive, heavy reading and hardly the book to be picked off the shelf for revision purposes.

Trauma to Oral and Dental Tissues in Children and Adolescents strikes the ideal balance bridging the gap between the two extremes mentioned above, with the aim being to 'provide the undergraduate and dental practitioner with the understanding and confidence to care for young patients'.

This book is a comprehensive text covering both common and relatively rare injuries to the oro-facial structures and the rationale behind the various treatment options available to manage these conditions. As with all books published by the Oxford University Press, a great deal of emphasis is placed on presentation and layout of the book, making it a pleasure to read and re-read. Each of the chapters covers broad subject areas with each individual chapter being preceded by a list of subtopics included within the chapter, making it easy to retrieve information. The user friendly layout of the text under sub-headings is attractively supplemented by relevant and clear coloured clinical photographs, radiographs and line drawings that are simple to understand and reproduce for exam purposes. Consisting of a manageable 100 or so pages the book is

kind to the rucksack that will be carrying it but severe on your bank account at £30.00. Even so, I would strongly recommend purchase of this textbook for the dental undergraduate as it covers the subject area comprehensively yet at the same time presents the information in a clear, concise and well illustrated manner, making it the sort of textbook you will want to pick off your shelf and use.

Relating to the Relatives

Breaking bad news, communication and support
Thurstan Brewin
Radcliffe Medical Press
ISBN 1-85775-081-0 £13.50

There have recently been several books on the art of communication including a report by the Royal College of Physicians. Much the best of them is this one which has the advantage of being by a Guy's man. Thurstan (often remembered at Guys as Tony) Brewin is an oncologist and radiotherapist who after war service in which he lost a leg had a distinguished career in Glasgow. Since retirement he has been adviser to Marie Curie Cancer Care and the Sue Ryder Foundation. He kept notes of his encounters with patients and relatives. This enables him to write from practical experience and every line of this book carries conviction.

Most patients are part of a family and sympathetic awareness of the needs of the relatives improves patient care. But speaking to the relatives is ground on which many doctors feel insecure, something they are happy to leave to the social worker. The key questions are 'What can I learn from this relative and what can I do for him?.' Brewin's answer is friendly, professional interest. At all times professional efficiency is important, well meaning kindness alone is never enough. Only a fraction of what we say will be taken in and we need feedback.. So Brewin asks 'If a friend asked you what I have just told you, how would you reply?'

The relative is not only the patient's carer, he may also be a victim of the situation as much as the patient. Telling the relatives bad news is not a one way process, it must be a two way conversation, answering their questions, understanding their anxieties, respecting their key role in the caring team. All this takes time but it is time well spent.

Brewin is very good on denial, pointing out that it is normal for people given bad news to swing between acceptance and denial. It is not always kind or wise for denial to be challenged. Even in grim situations pessimists do not have a monopoly on truth and Brewin is an optimist. He shows how it is possible to give bad news without destroying hope. Life is full of uncertainties, not

all conversation need be deadly serious. 'Friendly irrelevancies reduce fear and increase trust'

Brewin writes beautifully and the layout with bullet points and practical examples is admirable. Who is this book intended for? It is intended not only for those who have to give bad news but also for those would like to give help to partners and families - both immediately and during remission, relapse, terminal illness, dying or grieving, that means all of us. This book deserves to be widely read and discussed. Anyone who absorbs what Brewin has to teach will be a better doctor.

RE Irvin

Microbiology and Infection

TJJ Inglis
Churchill Livingstone
ISBN 0443050341 £15.00

Microbiology is regarded as 'difficult' by many medical and dental students. This is because it is primarily a descriptive subject and by necessity entails the learning of a large number of names of micro-organisms and mechanisms of pathogenesis. Traditionally, the various groups of organisms and the diseases they cause have been dealt with in turn.

However, this book, like the microbiology courses at UMDS, takes a systems-based approach where, following an introductory section, the diseases at each body-site are used as the primary structure for the main body of the book. This works well and each chapter includes the pathogenesis, clinical and microbiological diagnosis and treatment for each of the diseases. There is one additional chapter on infections not related to particular body sites. The final section gives supplementary information on the various groups of organisms associated with human infections.

The level of detail included in the main section is 'core' only and references for additional reading are given. Also included are multiple-choice, short answer and essay questions and answers for self-assessment. The layout is attractive and easy to read although there are relatively few illustrations. The book can be recommended for medical students and for the medical microbiology component of the dental course. Oral infections are barely covered; dental students will need to supplement their learning from specialist oral microbiology texts.

Professor WG Wade
Richard Dickinson Professor of Oral Microbiology

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Margaret Fendick - Shop Manager

Basic and Clinical Immunology

Churchill Livingstone
Peakman M and Vergani D
1st edition 1997

The aim of this book is to provide both basic and clinical immunology within one book. It is designed for both medical and paramedical courses, for both basic and advanced levels. It also has the advantage of being a London based book therefore there are no problems with alternative nomenclature for different countries.

The book contains 23 chapters, which have been subdivided into sections, and 4 appendices. Within each chapter there is no introduction but there are summary tables at the end of each block of text. There are also separate highlighted blocks for both in-depth topics and the more clinical topics which I found particularly helpful.

The book, despite being a monochrome format managed to achieve clear diagrams that are well labelled and are therefore easier to understand. The key of symbols used during the book is also a help for understanding the diagrams. The numerous tables throughout the book were also clear to read. However, the reproduced material, in particular the microscopy slides although being of an acceptable standard were occasionally difficult to interpret due to text being visible through some of the lighter images.

As this is the first edition I cannot comment on any omissions, but due to the clinical nature of the book and the continuing changes within the field of immunology I except there to be annual revisions. Therefore I would say to students to buy the textbook when they need it and depending on the extent of the revisions, to possibly avoid buying old editions.

Having completed my first year clinical and then going back to do an Immunology BSc I would say this book would particularly suit the immunology covered in the pathology course and the BSc year as opposed to the mini-pathology course covered in the 2nd preclinical year.

Anne Marie Ebdon

News from the Christian Union

It's been quite a year in the life of the Christian Union. Having just celebrated the 150th anniversary, and being one of the oldest Christian unions in the country, it was time to make a real mark. Many students will have received a copy of the gospel of John followed later by a probing questionnaire analysing peoples' world views (...and so what is the worlds greatest problem?.....and what is the solution to it?.....) This all coincided with a nationwide distribution of the gospel of John called Breakthrough. We combined 'Breakthrough' and our anniversary by having a series of lunchtime and evening talks and debates at the beginning of November. Nick Pollard, from Southampton, spoke at the lunch events. His strength was in challenging the fortresses people build around their lives making them feel secure, when in fact the foundations are shaky or non existent, unless founded on Jesus and the bible. On the final night Chris Akabussi bounded in (just in time) and exuded endless amounts of energy. Many know him as an olympic sprinter, but his main point of the evening was how becoming a Christian has turned his life around...and he's never looked back!

We also squeezed in our annual houseparty in Kent. We had a good laugh, especially when we were all transformed into Teletubbies and overdosed on apples....apple pie, apple strudel, baked apples and apple cake.

1997 was rounded off by the Christmas service where Mr Bernard Palmer a consultant surgeon brought the true meaning of Christmas alive - and what joy and peace that true meaning brings which so many people miss.

We are looking forward to this term when the CU will be meeting back at Thommies 6pm on Mondays (Prideaux) and on Tuesdays at 5.30pm (Committee Room, Boland House). It is not going to be as hectic as last term, but one thing is certain is that many people did take the message of last terms events seriously and are discovering what Christianity is all about.

The CU will continue this theme in the year ahead. Anyone and everyone is welcome.

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A DEGREE OVER, or..?

Proposals for an all-degree nursing profession have been floated around for some time, and in the nursing press recently. As a nurse who has a degree, though not in nursing, I must declare an interest. But do we want, or need, everyone who engages in our profession to have a degree? Diplomas abound, and exist by building up credits through various attainments, and over recent years of the course PREP demands a minimal level of continuing education. While it is in every nurses' interest to keep up-to-date in a world where rapid advances are more frequent and numerous than in previous times, it surely behoves us to question the need to aspire to levels of university qualifications all round.

Nursing is essentially a practical business: in the days when I trained I might more correctly have been labelled an 'apprentice' rather then a 'student'. Our classroom instruction was limited; much more of our training time was spent at the bedside - the practical 'hands-on' level. Not that 'hands-on' was an expression in the currency of our language then: there really wasn't much opportunity to have one's 'hands-off'!

Nurses have often been viewed as a profession subordinate to medicine, a matter highlighted by the recent Gazette feature on 'The Great Nursing Dispute ...' (Guy's Gazette Sept/Oct 1997)

But the need to achieve an independence from this situation, that nurses are either handmaidens to doctors, or angels serving patients, has fuelled the desire towards greater academic credence, and the motivation this provides for arriving at a profession which has greater standing in its own right. Certainly, the idea, recently publicised, that as an alternative to dialling '999', except in dire emergencies, will bring nurses to the fore. This proposal is that nurses will be available to give advice on a special telephone helpline: they will advise callers whether they need an ambulance for hospital, to go to the GP, or simply take a couple of aspirin. The aim is to relieve pressure on already overburdened Casualty Departments; many of these are used, especially in inner city areas by folk who just have no one else to call on. The plan is to have these 'phones in operation at certain experimental locations by the year 2000. Brings a whole new meaning to Project 2000 eh? But there is a great urgency: emergency admissions this winter are alleged to be up by 1000 per week on the level of four years ago.

Much of the 'hands-on' nursing of yesterday, and indeed this remains true even today in many places, is as much 'hands-in', and I trust readers know what I mean, without it being spelt out! But division of labour, and inevitably of care, has meant that many of the

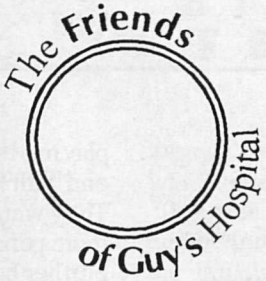
'menial' tasks we spent our training days performing, are now carried out by those with much less training, or ambition to reach a highly qualified position. Given the excess of academic training today, maybe this is a wise move, as it ensures those with the greatest amounts of tutored grey-matter are occupied with more specialist tasks, rather than patient care. As one SEN wrote in a nursing journal recently: she observed that her more qualified colleagues, by whom she was surrounded. spent most of their time either writing care plans, or escaping to the loo or even further, to have a quick smoke! Since SENs are an endangered species, and will given time, become extinct, the 'carers' are those left to face the 'hands on' and 'hands-in' of nursing patients. All nurse training, even aside from the degree courses, is far more classroom orientated. But, the question should be put: what about the girls, and boys, who have the youthful urge, call it vocation if you like, to help their fellow creatures, and become a 'nurse'? I have often heard how eager they are to leave the classroom, and see live patients.

Furthermore, discussion of a degree only profession has been coupled to plans from Bearing on university study. These two areas, combined with alternative funding by HMG will apparently cut the number of applicants for all academic study. One survey of students currently at Oxford and Cambridge Universities found an average of 60% would have been discouraged from applying if there had been a £2,000 college fee levied. Mind you, over 60% expected to be earning in excess of £25,000 by the age of 30. They should be so lucky! They were obviously not contemplating a nursing degree - not at least at prevailing rates of pay!

From these surveys, and personal communications, it would appear that many obstacles are being placed in the path of those who would like to choose nursing as a career. How will the nation cope, how will the NHS's 50th birthday be celebrated, in this spirit of decline?

Students, in their modern guise, will suffer pecuniary embarrassment, and will not wish to enter: others, will have to be carers, with the diminished knowledge base. Those with the academic training cannot wait to get their 'hands-on' experience. Unfortunately, all too often, the exigencies of nursing today, mean that many who train are only too keen to leave the practical scene. Well, what does all this mean for all our poor patients - just left to feel a 'degree under'!

Denis Cobell



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In recent times we have provided grants for:

- Support for the Nurses League Journal.
- Toilets for the disabled, Department of Genetics.
- Flowers for the Chapel.

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

Rugby

Guy's & St. Thomas's 1st XV v Westcombe Park
Saturday, 1st November 1997 at HOP National Intermediate Cup Lost 16-26

Guy's had won their first two matches in the intermediate cup amassing over one hundred points and their reward was a visit by Westcoinbe Park currently top of London 2 and unbeaten.

Guy's hardly saw the ball for the first 5 minutes during which time Westcombe Park missed a kick at goal, but Guy's suddenly tore out of defence and scored what looked like a perfectly good try, acknowledged by all except the referee who was on the wrong side and apparently unsighted. Undeterred, Neil Davis repeated his act of the previous week, chipping over the advancing defence, picking up the ball and scoring a good try to take Guy's into the lead. Guy's defence has been an outstanding feature since Coach Steve Farr took over, but unfortunately a rare defensive lapse let the opposition in with a good try around the front of the line out and with two penalties led by 21 - 7 at half time.

Early in the second half Guy's scored two penalties to Neil Davis to take the score to a more respectable 21 - 13. At this time Guy's were giving a magnificent performance taking the game to their more illustrious opponents with fierce determination and playing the first 20 minutes of the second half in the Westcombe Park 22. They were eventually rewarded by one more penalty to take the score to 21-16. Further bouts of indecision by the referee which became a feature of this game allowed possession to go from Guy's to Westcombe Park for a further try and a final score 26-16.

In spite of the loss this was an excellent performance by the Guy's/St. Thomas' side who showed commitment throughout with brave and determined tackling all round the side against much bigger opponents who probably averaged 2 stone a man more. In defence Pete Davis again showed his value to the side making tackle after tackle and determined runs. He was aided and abetted by Greg Ryan and Ben Thorpe and John Stacey at prop. Steve Morgan at scrum half played a fine lively game which again enabled Neil Davis to exhibit his skills at standoff. In the centre Eddy Behn showed mastery of yet another sport in his repertoire with good positioning, good handling skills and good defensive capabilities. I am sure that coach Steve Farr would report that he was very pleased with the progress shown especially with several replacements in this side.

Team: Stacey J, Edmonson M (replacement F O'Sullivan), Woodsford D. Scholefield B, Thorpe B, Elias R, Ryan G, Davis P, Morgan S, Davies N, Addy A, Costello J, Behn E, Nicols E, Harvey F.

Guy's & St. Thomas's RFC
Ist XV v University VandalsLeague
Match London 3 South West at Walton
on Thames Draw 13-13
December 1997

After a month of non-league action due to the England Internationals, Guy's returned to league action. One of the advantages of an expanded league is the chance to visit new grounds, this time University Vandals at Walton on Thames in a surprisingly large ground, situated on the banks of the Thames.

The first quarter of the game was rather haphazard with a number of dropped passes on both sides. The University Vandals appeared to be playing largely an offside game and two of their misdemeanours were spotted by the referee and converted by Davies to take Guy's into a 6-0 lead. However Vandals hit back with a penalty and on the stroke of half time a try to lead 8 - 6. This was disappointing because Guy's had had most of the play and the opposition score came when Guy's seemed likely to score at the other end and a break away by Vandals took them to the Guy's line.

However the second half was a disappointment with Guy's looking very lethargic and somewhat uncoordinated and somehow one had the feeling that if the opponents had been of a better standard Guy's would have raised the game, but under these conditions they let themselves be bogged down although there was one very good forward drive taking the ball some 20 or 30 metres down field. For the remainder the forwards did not appear to have the impetus or commitment and the lack of control led to a whole series of scrums and very little open play. Vandals took the score to 13-6 with another try before Guy's at last hit back with a converted try by Thorpe driven over by the forwards after a good take from a line-out on the opposition line and magnificently converted by Davies to take the score to 13 all. In the final few minutes both sides missed penalties in front of the posts and thus the result was a fair 13 points all.

This was probably Guy's worst performance of the season. The number of errors made was immense and there seemed to be no confidence in moving the ball among forwards or backs in the usual way. The only areas where skill seemed to be at their normal levels were in the lineouts and scrums which looked solid all day. Looking on the positive side, if the team can escape with a draw playing this badly, just think what they could do playing well!

Team: Woodsford D, Stacey J, Fresher B, Thorpe B, Scholefield B, Ryan G, Davis P, Allen S, Davies N, Costello J, Oxford N, Addy A, Etok R, Rose B.

SJC

Jenny Trayfoot

BDS D ORTH LDS RCS(Eng)

The Gazette was sad to hear that Jenny Trayfoot died May 26th 1997, she was 56. She spent her childhood in Folkestone and graduated from Guy's with honours in 1963.

Jenny married fellow student Nigel Trayfoot in 1966 and successfully juggled her career in orthodontics with an enthusiastic warm family life, raising her children Helen, Andrew and Emma. Jenny was very involved in the dental profession doing a great deal of committee work to which she brought her wide experience and great humanity.

Jenny will be remembered fondly by her friends and colleagues. Our deepest sympathy goes out to her family.

JMC

Micheal Philip Coplans

MBBS, FFARCS (Eng), DA

Micheal Coplans died on August 15th 1997, aged 73.

He qualified at Guy's in 1948 and became a consultant anaesthetist at St Georges Hospital. He was held in high regard, and was a leading authority on dental anaesthesia.

Ill health caused early retirement, and his own medical history is almost unbelievable, with it's many and varied illnesses. Perhaps the most memorable is an operation in Spain to arrest gastric bleeding. His stormy post-operative illness was undiagnosed until, with difficulty and danger, he got himself back to England, and surgeons at Charing Cross Hospital removed not a swab, but a pack from his abdomen.

As a student he boxed for Guy's at flyweight and perhaps it was his physical stamina, certainly not his stature, that enabled him to survive his illnesses. He was keen on all sport, and was a regular attender at various greyhound tracks, where the bookies knew him as 'Glasses'.

A founder member of the Guy's theatre club, he was a consummate actor with a clear and beatiful voice. His love and knowledge of literature was great and he had a phenomenal memory for both prose and verse.

He enjoyed laughing and being laughed at, as he was a great raconteur, with a fund of true stories.

A service of thanksgiving was held at St Georges Hospital Tooting, on November 20th 1997.

His friends and colleagues were lucky to have him for so long, and he will be remembered with great affection. Our sympathy and thoughts are with his wife Joan, and his children Amanda, Christopher and Belinda.

DHF

Robert David Alexander (Sandy) Coxon

Sandy Coxon was a General Practitioner on Romney Marsh, and died on December 9th 1997 (born 1950, qualified Guy's 1974). After the Dragon and Magdalen College Schools, Oxford, and Guy's Hospital, Sandy prepared for General Practice on the South Coast where, in Dymchurch and New Romney, he settled. One of the reasons he was content to be on that part of the Kentish coast was it's proximity to France, a country he loved and which he visited at least annually. From the upper floor of his house by the sea wall in Dymchurch he could, on a clear day, look across the channel. He was entusiastic about his membership of the Anglo-French Medical Society whose meetings on both sides of the water he attended.

Sandy was even more enthusiastic about old motor cars and, off duty, he was often to be found surrounded by pieces of metal which one day, to be sure, would come together into an Austin racer or a venerable Riley.

Sandy had a firm grasp on the intricacies of medical politics which took him onto the Kent local medical committee and, in the best tradition of British General Practice he became a man of his locality, knowledgable about and involved in the life of Romney Marsh.

His bearded, pipe smoking figure will indeed be missed, most especially by his wife Bridget, and his children, Helen and Christopher. Our sincerest sympathies are with them all.

John Rawlinson

Medical Graduates

Congratulations to the following students who qualified MB BS (London) in December 1997:

Miss Parveen Bains
Mr Chetan Bhan
Miss Luna Chattejee
Miss Sapna Gulati
Mr Alexander Hieatt
Mr Julian Holland-Gladwish
Ms Bernadette Hunt
Mr Garry Kung
Mr Roope Manhas
Mr Muhammad Nasim
Mr James Norman
Mr Piero Reynolds
Mr Sadanand Roy
Miss Anjana Sahu
Miss Jane Shackel
Mr Rajeev Sood
Mr Grant Stewart
Mr Eliaz Tzakas

We wish you well in your future career.

Raffle Winners

Congratulations to the following, who were of good fortune in the Gazette Christmas Raffle. Many thanks to all those participated, better luck next year if you didn't win!

1st M Bate, Bexhill On Sea
No. 00531

2nd RS Hunt, Horfield, Bristol
No. 13482
3rd Micheal Taylor, Hants
No. 00491
4th PG Sycamore, Brentwood,
No. 07825
5th Phillipa Allday, Boston, Lincs
No. 00997
6th AV Rigby, Stanmore
No. 01521
7th BN Stevenson, Surbiton, Surrey
No. 10457
8th MA Holmes, Lifton, Devon
No. 05973
9th JY Wakeham, London
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10th George Down, Eastbourne
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11th Rose and John Moore, Reading
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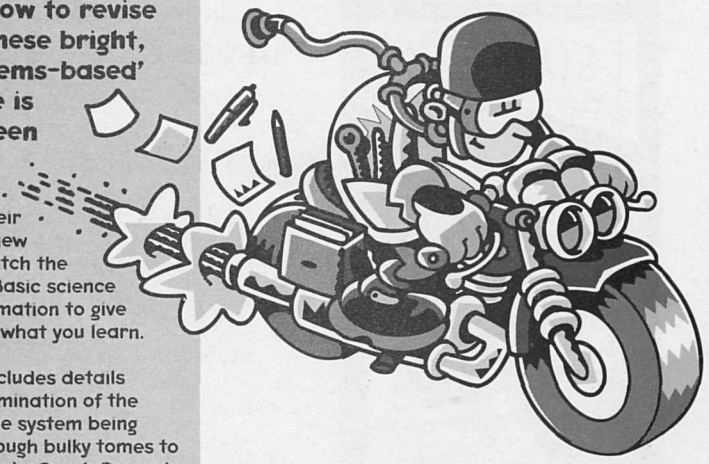

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GUY'S Gazette

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- John Braxton Hicks
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Passim

The government panel chaired by Sir Leslie Turnberg which looked into the reorganisation of medicine in London has now reported. There seems to be both good news and bad news as far as Guy's and the people of Southwark, Bermondsey and Rotherhithe are concerned. The closure of the Guy's casualty is now confirmed from April 1999 though there are grave concerns in the population about the availability of services when an A & E ranking in the top 10 largest in the country is closed. The good news, such as it is, is that there will be more clinical activity on the Guy's Hospital site than the last government had planned. This decision seems to have been driven entirely by financial considerations and the realisation at last that it is difficult to support the enormous waste of money in spending E150 million pounds reproducing on the St. Thomas's site what already exists at Guy's. Thus it is likely that renal and oncology will stay on the Guy's site to join the elective orthopaedics and hopefully ENT and oral and maxillofacial surgery forming a Head and Neck Cancer Centre. Thus instead of bed numbers at Guy's being reduced from 800 to 120, they will now be reduced to between 300 and 400. This means the continued occupation of New Guy's House for clinical purposes to join the Tower and the magnificent Thomas Guy House as a linked clinical complex.

Meanwhile, the new Hunts House rises from the rubble of the old and will become the home of the internationally renowned research groups derived from UMDS and King's in Genetics, Diabetes, Molecular Neurobiology, Paediatrics and a new neuroscience research centre. It would be a tragic waste if the opportunity of linking clinical research and clinical activity was lost by the Trust in driving beds off the Guy's site.

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Thank You!

Dear Madam,

My embarrassment at finding that I had occupied space in the last two editions of the Gazette was matched by the gratitude I felt for the generous remarks made by the authors.

It is not usual for the subject of such articles to respond in this way, but I wonder if I may be permitted some space in your columns to say two things?

First, thinly disguised 'SJC' in his splendid poem records that I first came to Guy's in 1953. Actually it was 1949 - but that would not have rhymed

Also, Dr Scott alluded to remarks I made at a farewell party, that I have regarded it as a great privilege to have been a physician at Guy's and to have worked with such marvellous people. Regrettably I have not been able to adequately express my thanks to all those friends and colleagues who made the parties so memorable and who so kindly contributed to several presents which Marion and I will treasure. I should like to thank them very warmly now.

Yours faithfully,

Bob Knight
Keats House

Eternal Youth!

Dear Madam,

I have read with interest the appreciations, both in prose and verse, of my contempory at Guy's, Dr Bob Knight but wish to correct the confusion concerning his arrival at this most famous and incomparable seat of learning!

If you refer to the October 1949 1st MB class photograph taken on the steps of the medical School you will see the youthful Dr Knight in the 5th row from the front just to the left of centre.

In the residents play of 1956, 'AKidney Punch or the Changing Face of Guy's' he played Phil Trum (Mr Sorry's house surgeon) and I was cast in a minor role as Anne Ode, a radiographer. I will remember my only lines directed at Phil Trum during a flirtation scene : 'Do stop looking as though I'm the sort of girl your mummy warned you about!'

May I, through your columns, wish Dr Bob Knight a very long, happy and healthy retirement and ask him one question - what is your recipe for eternal youth?

Yours faithfully,

Dr R Ian Henry
Maiden Bradley

Thomas' or Thomas's

Dear Sir,

I refer to the first two articles in the September/October 1997 edition of the Gazette. There appear to have been problems with regard to the presumed plural of St Thomas, only because it ends with an 's'.

I have always been interested in this because my name tends to provoke the same difficulties. Why should my name be plural, merely because it ends with an 's'? That does not necessarily make it plural. So it is Dr Bridges's hat, not Dr Bridges' hat - a circumstance that might imply several hats for several people called Dr Bridge, but the meaning is that they can only have one collective hat anyway.

On page 681 there is St Thomas's Street. Twice on page 684, you print St Thomas' Street, but also St Thomas Street on that page. On page 685 you print St Thomas's Street. The street signs are labelled St Thomas Street, presumably meaning the street which is associated with the name of St Thomas. Quite unhelpfully, the Geographia Street Atlas prints St Thomass Street. But perhaps they are cleverly using some sort of innovative absence of punctuation.

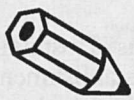
If a hospital is named after St Thomas, then it is St Thomas's Hospital, that is if the meaning is possessive - St Thomas, his hospital - plain and simple. Seeing 'St Thomas' Hospital' on all the signs at that establishment causes me to conclude that they have made the old mistake of regarding Thomas as a plural. However, I have recently heard of an alternative explanation. This is that St Thomas refers to two saints of that name, one Roman Catholic and the other Protestant. A nice, tactful possibility.

The naming of the hospital would then be: the hospital of the two St Thomases, that is St Thomases' Hospital. Thus, St Thomas' Hospital cannot be right. It is either St Thomas's for one saint or St Thomases' for two or more.

Are we not fortunate that we are at Guy's (the hospital founded by Mr Guy) and so we cannot be accused of such gross solecisms - not solecism's nor solecisms', just plain plural?

Yours faithfully,

Paul Bridges
Consultant Psychiatrist, Retired
Keats House



Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Year 4 Exams to move!

Dear Sir,

I thought I might write, via the Gazette, to thank and congratulate the individual who has kindly decided to encourage the rescheduling of fourth year dental exams around the forthcoming relocation of the Warner library from floor 27 to 17.

I, myself, would have thought it easier to change the date for the moving of the library, but then I guess perhaps that's why I don't have the responsiblity for the decisions of such matters.

Yours faithfully revising,

Year 4 Dental Student

Original Six

Dear Madam,

I very much enjoyed reading the article 'They also serve -Dentistry in the Army' by Donald Dawson - (Gazette November/December 1997) -

However, I was disappointed not to find any mention of 'the Original Six' who formed the Army Medical Dental Reserve in South Australia in early 1915, consisting of an Honorary Captain and six Honorary Lieutenants. All six Lieutenants embarked on the 'Orsova' on July 19, 1915 - one of the lieutenants was Lawrence Bret Day, my father.

When they arrived in Port Said, the Dardanelles campaign(Gallipoli) was still raging, with the Anzac troops in the thick of battles, War with Turkey was also proceeding in Mesopotamia,

In September 1916 the Australian Dental Services together with most of the Anzac Corps were transferred to England and then to France at Etaples and Pozieres. Dental services were very poor indeed, due to lack of support in obtaining the necessary stores and the opposition of some members of the hierarchy in the Medical Services. A letter in the London Times by Sir Ray Lancaster in 1914, commenting upon the need or call for dental treatment of troops stated 'and let all sources of perfect teeth and other foolishness, be dropped'. This philosophy was shared by many senior officers, including medical officers, who regarded Dental Units as irritating appendages.

The Australian Army Dental Corps claimed to provide services closer to the trenches than anyone else. This energetic approach was continued after World War I until the establishment of the Royal Australian Army Dental Corps during World War II.

One of the pleasures of reading 'La Petite Histoire' is to discover how long it takes for prejudices to be overcome, almost.

Yours faithfully,

R Bret Day

Annual Dental Ball

Last years annual Dental ball saw the event return in its glory to the Grosvenor House, Park Lane. With the guys in their dinner jackets and girls in their posh frocks, things were halfway set for a good night on the town and were definitely part of the making of an excellent evening on Saturday 1st November. One could even experience culture, as for the first time this year, there was a string quartet present who provided a different (and enjoyable) form of entertainment during the meal.

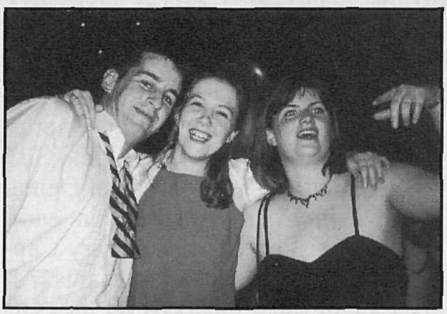
Careful attention to resolve problems encountered at previous balls resulted in only a few of the dinner guests having cold meals - but I suppose if I was cooking and serving 800 people I'd have more than a few of them eating cold dinner!

Although the toast master for the night (hopefully he's not given up his day job) was not quite up to sticking to the 'proper' way of doing toasts, all was not lost due to the Society President, Dr Tim Watson (who was missing his presidential chain which his wife unfortunately forgot to bring along on the night!)

The Dental Ball has finally become the highlight of the social calendar at Guy's, understandably so following the night's events. It is now the only student organised event at a Park Lane venue and was very well attended by medical and dental students alike. There was a good representation from all years, apart from the first year. With tickets at £56 each before even getting there, one can understand the reluctance of the junior years to part with such money so early on in their first term. However, timing this venture is a delicate matter and there will always be a group of students to whom the timing will appear inept.

A sincere congratulations and well done to the 3 Ball Secretaries of 1997, Sarah Nackasha, Ceri Martin, Matt Clover, and the sanity behind them all Mr Lyndon Cabot. The success of the evening has been reflected in the fact that all of them managed to survive with the planning and organising of the night right through to the end without any of them requiring hospitalisation (no guesses as to who came closest though!) The relief of finally settling the bill at the end of the night must surely be evident to everyone?

Nabeela Ahmed



Spot the one having fun!

EVENT OF THE YEAR

GUY'S HOSPITAL DENTAL SOCIETY

presents their

ANNUAL BALL

Grosvenor House

31st October 1998

Watch this Space!

MBE

Congratulations to Diana Wincott, Principal of the School of Dental Nursing. In addition to being the current chairman of the National Examining Board for Dental Nurses, Diana recieved an MBE for services to Dentistry in the New Year's Honours' list.

And very well deserved!

Guy's to raise London Marathon Funds for Uganda

Jane Kagwa (of Guy's Sedation and Special Care Dentistry) will be running in the London Marathon on 26th April to raise funds for Ugandan HIV/Aids sufferers and their families. She is looking for sponsorship and can be contacted at Guy's on ext. 3407. Sponsorship forms can also be found at reception on the ground and 26th floors.

Jane is supporting the Home Care Unit of Mengo Hospital, a Christian hospital in Kampala, Uganda. The unit comprises an outreach group bringing help to HIV/AIDS sufferers within a 25 mile radius of the city. A nurse, a dispenser, a counsellor and a doctor visit patients who are too sick to find their way to hospital. The sponsorship that Jane raises will be used to buy medicines for the Home Care unit.

Careers Evenings

In the past it has been difficult for medical students to gain information regarding individual specialties. Students are taught extensively the basic skills necessary for every discipline of medicine and surgery by various consultants during their training. However it is the opinion of many that at the time of choosing a specialty as a career, they have not received and do not have easy access to, up to date information on what is involved in pursuing any particular specialty. Perhaps more importantly, prospective students lack a real insight into the daily routine of such a doctor. Addressing this demand, the Student Medical Education Committee based on the Guy's campus has begun to organize careers evenings. Each meeting consists of a short appraisal of the job and what academic steps are necessary to get there, by specialists at all levels of academic training, followed by informal discussion and refreshments. The first two such meetings, based around Paediatrics, Obstetrics and Gynaecology, and General Practice have been a huge success, and were well received by staff and students alike. The committee is currently in the process of finalising arrangements for General Medicine, Surgery, and Endocrinology evenings.

JR

Dental Students Meet Norman Wisdom

If the medical students can be accused of having a good time on a night out, then the dental students are never going to be far ahead setting the standards!

The recent Presidential dinner of the Metropolitan branch of the BDA was well attended by Guy's students (causing the King's students to be outnumbered 24:1).

The event was to mark the handover of power from one party to another. The Guy's party was fortunate to have been encouraged to attend by a past Metropolitan Branch president, Mr David Pinkerton. Excellent food, with free flowing wine and hosts who delighted in our company was the making of an excellent evening topped off by meeting Norman Wisdom on our departure. Our thanks to Mr Pinkerton for encouraging the Guy's attendance and for providing the introductions on the night.

Nabeela Ahmed
Senior BDSA Representative

'Do you think he wants his teeth checked?'

Tell us an NHS 50th Story

This year the NHS celebrates its 50th anniversary. To mark this occasion, Guy's and St. Thomas's would like to produce an anecdote book filled with contributions from staff and patients about how things have changed in both hospitals over the last 50 years. We would like to hear from anyone who has been treated or worked in either hospital during this period.

Do you have any amusing stories about the way things used to be done around the wards? One ward sister of yester year reminded us of how she used to religiously sprinkle tea leaves under the bed to stop the dust from rising and spreading round the wards.

We are especially interested in gathering photographs, newspaper articles and old newsletters which give an insight into the past.

If anyone has any information or stories they would like to share please contact Laura Mahon, Public Relations, Counting House, Ground Floor, Guy's Hospital. Tel: 0171 955 5000 ext. 5729

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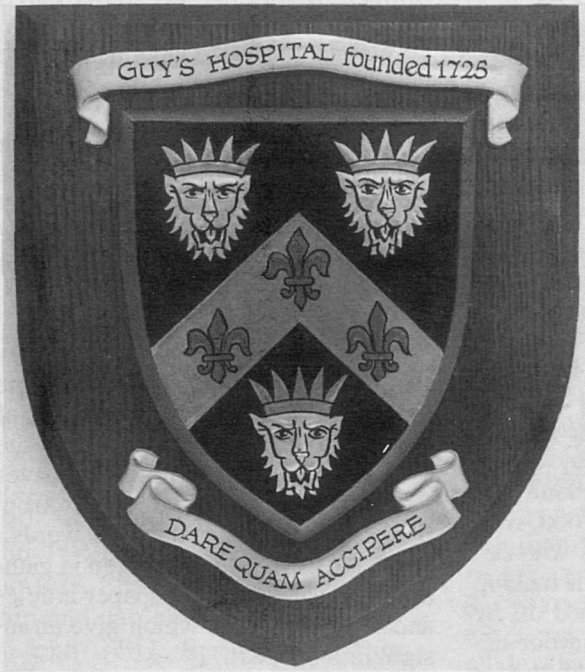

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The Future of Guy's

The following is a transcript of the argument presented for the future of Guy's by Simon Hughes, in the Houses of Parliament and the response it recieved from Paul Boateng, Under Secretary for the State. It makes for an interesting read and serves to remind us that the future of Guy's continues to remain uncertain.

In opposition, the Labour party made a number of welcome and ambitious promises about the National Health Service. For example, it made a general promise to save the NHS. It also made many particular promises. One, often repeated, was to save Guy's hospital.

I have five different leaflets produced by the Labour party and circulated by my opponent during the general election. On each of them is a sentence or two similar to: 'Shadow Health Minister Chris Smith has already pledged ... that he will stop the Guy's closure programme on Day One of a new Labour government.....Remember - if the Tories get back into government, then Guy's WILL close.'

'Remember - if the Tories get back into government, then Guy's WILL close.'

Well, the Tories did not get back into government - there is a Labour Secretary of State for Health and Labour Ministers. Today, before the announcement of the outcome of the London health review, I seek to ensure that the Labour party remembers its pledge. Labour said things like, 'Others will talk, but only we can deliver'. Now comes the time of truth.

On 20th June 1997, the Secretary of State announced the details of the Government's review of health care in London. He announced that the review would be carried out by an independent advisory panel and, at that time, I welcomed the extent and the nature of the review. We now know that the review panel's report has gone to Ministers, but it has not yet been published. Will the Minister tell us explicitly when we can expect the report to be published; and do the Government intend to allow an interval between publication of the report and publication of their response to the panel's recommendations?

Day 1 of a Labour Government has passed; indeed, it is 32 weeks today that Labour entered office - more than 201 days. It is now clear that the future of Guy's hospital does not lie with the review panel; it has moved on to Ministers' desks

and is clearly in the Government's hands. Today's debate represents a final effort to convince the Government not only of their responsibility, but of the appropriate decision that I hope they will soon announce.

For those who are not aware, Guy's hospital is the older and more academically prestigious of the two hospitals that now form the Guy's and St. Thomas's hospital trust. The background is that the previous Government endorsed a strategy to run down Guy's hospital - to reduce the number of beds from about 1,000 to about 100 and move large numbers of its internationally renowned services away from the London Bridge site. That was a political decision by the then Secretary of State, and Labour Ministers will have to make an equally political decision on whether they follow the recommendations of the independent advisory panel chaired by Sir Leslie Turnberg, either in part or in whole, or whether they reject them.

'It is now clear that the future of Guy's hospital does not lie with the review panel; but with Ministers

The public do not yet know what the recommendations are, but Ministers do. Labour will be forgiven for the fact that they did not save Guy's on day 1 of a Labour Government. However, by the people who use Guy's and work there and by the million and more people who sent to the House in the previous Parliament a petition in support of the retention of Guy's hospital - one of the largest petitions ever presented to Parliament - the Government will only be forgiven if they act to save Guy's when they make their announcement in the very near future. I hope that the Government understand that there is both huge public support and an extremely strong set of arguments for their reaching precisely that conclusion.

'Labour will be forgiven for the fact that they did not save Guy's on day 1 of a Labour Government.'

1 notice that, coincidentally, there was a large article recently in the Evening Standard by the health correspondent Jo Revill, who interviewed the new chief executive of the King's Fund, Rabbi Julia Neuberger. The quote at the top of the article is:

'Labour must listen to the people on London hospital closures and health care.'

I am sure that Rabbi Neuberger's strong views will also be heeded.

The hon. Minister (Paul Boateng) used to work within the shadow of Guy's hospital at B. M. Birnberg & Co., Solicitors in my constituency. His old firm is one of the strongest advocates of the hospital's cause, for which I am grateful. He

will know that Guy's is a three-phase hospital development. The original hospital, built in the 18th century, has given way to something that has effectively been rebuilt in its entirety since the last war. New Guy's house was built in the 1950s. In the 1970s, to mark the hospital's 250th anniversary, a 30 storey tower was built, which is now one of the great - although perhaps not architecturally - landmarks south of the river. The third building, Thomas Guy house, has just been opened for public use. The Queen, who opened the second building in 1976, has agreed to open the third building on 18 March 1998.

It would be nonsense and a scandal if the Queen were to be invited to open the third phase of what was the flagship hospital in the National Health Service; at a time when the Government had endorsed the trust's proposal; to mothball one of the buildings, not to use as many as eight floors of the tower building and not to use much of the brand new Thomas Guy house for the purpose for which it was built. It would also be nonsense if, during the next year or so, public money was spent on building other NHS buildings to do what the Guy's hospital buildings were specifically designed to do.

> ***'...there was no need for four accident and emergency departments in south-east London, and effectively deemed Guy's to be the most expendable...'***

In the few minutes available, I shall present to the House the most up-to-date evidence that Guy's is needed as an integral part of the network of health services in London and beyond, and I shall do so in the context of previous debates, but without replicating any of the arguments that were made in them.

This is our fifth debate on Guy's hospital in the past four years. This is the fourth consecutive year in which there has been such a debate. Not all the previous debates were initiated by me; one was initiated by Conservative Back Bencher Sir Roger Sims when he represented Chislehurst, and the case for Guy's hospital has been widely supported from both sides of the House by hon. Members who are now Ministers and by members of the current Opposition. Uniquely, this fifth debate is probably the last chance to put the very strong case for Guy's hospital before a decision is taken.

The Tomlinson report, which all those involved in London health matters have studied, decided that there was no need for four accident and emergency departments in south-east London, and effectively deemed Guy's to be the most expendable, but the recommendation was acknowledged to be based on data shown to be flawed and inaccurate. Bernard Tomlinson, who produced the report,

said that himself. As long ago as 1995, in an interview with the Evening Standard, he 'admitted that he should have had more statistics in his possession before he made the recommendations that led to the run-down of Guy's Hospital'. Those recommendations were based on the assumptions that demand for emergency services was falling and that resources would be transferred from the acute sector to the community sector, reducing the need for London or south London hospital care. National and local trends over the past five years have disproved those assumptions.

Attendances at A and E at both Guy's and St. Thomas's are rising rapidly. That trend in emergency admissions is mirrored throughout the United Kingdom, especially in inner-city areas. The statistics matter, so I shall give them to the House. At the moment, there are just under 75,000 attendances per year at Guy's and just over 90,000 attendances at St. Thomas's: 165,984 attendances in all.

'...that it be St Thomas's - who not only could not cope with 200,000 annual attendances but should not be asked to cope with them.'

Assuming a 9 per cent growth in accident and emergency attendances during the next five years, matching the growth in the previous five years, attendances at the two hospitals will be more than 212,000 in five years' time. Attendances at Guy's alone are projected to increase to more than 111,000. The relevance is that that number of attendances rivals and exceeds the numbers at some of the biggest and busiest A and E departments in the UK, yet there is still a proposal, as of today - a legacy of the previous Government - to consolidate both A and E departments to give an accident and emergency department attendance well in excess that of any other hospital in the United Kingdom, and way, above the recommended size of any casualty department and accident and emergency unit.

The biggest accident and emergency department in the whole of England is Nottingham, which handles 127,000 attendances a year. The biggest in Scotland handles 91,000 attendances a year, and the biggest in Wales handles 87,000 attendances a year. It is clear that one hospital - at the moment it is proposed that it be St Thomas's - who not only could not cope with 200,000 annual attendances but should not be asked to cope with them. Hospitals generally cannot cope with that many people. That is not just my view.

The Minister may remember the Audit Commission's recent report on accident and emergency services. It made it clear that the minimum number of attendances per year should be 50,000. The commission argued that if there were fewer than

50,000 attendances, it was difficult to defend accident and emergency departments, but that if there were more than 50,000, their existence was justified. Guy's is likely to cope with double those figures.

Even if some of the work load were taken elsewhere and even if the hospital could cope, we are looking at one hospital over the river taking almost double the number of attendances it has been designed to take, in its expanded form. It is obvious to anyone who has looked at the accurate and up-to-date figures that if anybody were - I put this carefully - mad enough to follow through that proposal, there would be hugely longer waiting times, poorer outcomes and probably a total inability by the local trust to cope with demand.

I do not know what the recommendations are, but I ask Ministers to look at them in light of the latest figures I have given. They should accept that, on the basis of the figures and the academic support for them, there is a continuing need for the accident and emergency department at Guy's hospital.

'The dental school is the only one in England with a five-star research rating, and the medical school is one of only a small number with a four-star rating.'

The old plan skewed provision in a way that was almost impossible to justify. The current idea is that Guy's will be a planned care centre and that St Thomas's will take the acute and emergency care. One might think that implied there would be an equal number of beds at each site, but, in fact, the proposal is for the opposite. Guy's has 400 beds, but the current proposals - which have varied hugely even during this year - are that there should be about 153 NHS local hospital trust beds at Guy's. One hundred of them will be for urology and orthopaedics, and 50 will have no discernible use.

If the proposal goes ahead, apart from the illogicality of the odd 50 beds, we shall end up with the site that has all the out-patients, the site that has all the space, the site that has all the buildings and the site that has the medical and dental hospital having barely 100 patients. That is also mad. If we are to have a premier world teaching hospital, we need some patients with whom to teach students. We need to integrate planned care - elective care - for out-patients and in-patients. I accept that one can concentrate acute services on one site; that is perfectly logical. It is, however, illogical to say that we do not need all the specialist services for planned care to be in the same place as the specialist services for day admissions.

I give the Minister an example. We have just built, as part of Thomas Guy house, all the new wards for the ear, nose and throat speciality. A contract is waiting to

be signed which would rip out the wards for that use and would transfer patients across to the other hospital site, although out-patients would still go to the Guy's hospital site. That is illogical and a huge waste of money because it is likely to cost about 1 million just to remove the wards.

We would have a transfer of beds producing an absolutely illogical under-provision at Guy's, under a plan that would not provide enough beds across both sites.

'If we are to have a premier world teaching hospital, we need some patients with whom to teach students.'

I stress to Ministers - I think that they are sympathetic to this point - that all parts of the country need adequate beds. We need, of course, to have adequate services generally, but not having enough beds is the crisis that all Ministers have to face up to. I hope that they will be brave and strong enough to do that. If they are, we shall support them.

The United Medical and Dental School of Guy's and St. Thomas's, which, as a result of legislation passed in the previous Parliament, has just been merged with King's College in the Strand, is one of the most highly rated medical and dental schools not just in the UK but in the world, according to the latest medical school assessment. The dental school is the only one in England with a five-star research rating, and the medical school is one of only a small number with a four-star rating. Guy's continues to offer unique opportunities for first-class teaching. If it is to sustain its world-wide reputation, we must ensure that the research and teaching - pre-clinical, clinical and medical sciences - are carried out on the same site as the beds and the out-patient department. That is because it is in a brilliant place in terms of medical facilities.

'Southwark continues to be one of the most deprived local authorities in England. We rank 364th out of 366 in the Jarman index'

Sadly, Southwark continues to be one of the most deprived local authorities in England. We rank 364th out of 366 in the Jarman index; we are only two from the bottom in terms of deprivation, based on social, economic and demographic criteria. We therefore need the best services for the local community as well as to maintain Guy's world-wide reputation.

The issue may come down to cost, although I hope that the case is made on other arguments. There is a current proposal to build a women and children's hospital over the river from here, at a cost of some 56 million but with a total

spend of between 115 million and 200 million. It will not all be public money; some will be special trustees' money. It would not be acceptable to the rest of the NHS, which is desperately crying out for money, that public or charitable money is spent an a building on one hospital site when the other hospital site in the same trust has the facilities needed to carry out the work. We have the women and children's service at Guy's. Those facilities should be used and not transferred.

'Guy's hospital - founded by Thomas Guy in 1726, destroyed by Virginia Bottomley, Stephen Dorrell and Frank Dobson in 1995-98'

When the Secretary of State took office, he said that he did not wish to become notorious for closing Bart's hospital. He said that he did not want on the wall of Bart's two plaques, one saying 'Opened by Rahere in 1123' and the other saying 'Closed by Frank Dobson in 1997'. Will Ministers ensure that Guy's does not suffer the same fate? No logic or argument requires there to be a plaque saying 'Guy's hospital - founded by Thomas Guy in 1726, destroyed by Virginia Bottomley, Stephen Dorrell and Frank Dobson in 1995-98'.

The people want Guy's hospital; the NHS needs Guy's hospital; the arguments support Guy's hospital. 1 hope that the Minister understands the importance of making a decision which secures the future of Guy's as one of the pre-eminent flagships of the British national health service.

The Parliamentary under-secretary of State for Health Mr Paul Boateng chose to reply:

The hon. Member for Southwark, North and Bermondsey (Mr. Hughes) is a stout and knowledgeable defender of Guy's hospital. He brings to the debate considerable experience and knowledge, and real commitment. He will understand that Ministers are currently considering the outcome of Sir Leslie Turnberg's deliberations on this and other matters.

We promised in opposition a review of London's health service and we shall deliver it. We need to get health services in London right and to tackle the causes of concern about gaps and shortcomings in provision. Our vision for health care in London is about ensuring that all Londoners have accessible local services, GP practices and clinics, and are supported by specialist advice, care and treatment in hospital and community settings. Accident and emergency and ambulance services must be capable of meeting foreseeable needs.

London has a world-wide reputation as a leading light in medical teaching and research, and it is vital that we retain and build on that reputation. Over many years Guy's has made a considerable contribution to that reputation. It is and will remain a first-class medical resource.

The problems that Guy's has experienced are largely the result of the actions of a discredited Tory Government, rejected at the polls, who were responsible for forcing the NHS to chase short-term commercialisation at the expense of planning sensibly for the longer term. Real constraints and obstacles were put in the way of the NHS when it came to deciding how best to invest for the future. The situation at Guy's is a perfect example of what happens when planning in what is supposed to be a national public service is reduced to tearing apart: competition takes the place of co-operation, and there is a lack of common aims.

'The situation at Guy's is a perfect example of what happens when planning in what is supposed to be a national public service is reduced to tearing apart'

We are in the business of reversing that process. The presentation by my right hon. Friend the Secretary of State of a White Paper on the future of the NHS was part of that. We are reinstating the partnership model, abolishing the internal market, and replacing the fragmentation that characterised it with partnership and co-operation. We are replacing self-interest with new arrangements to share best practice. We are working incrementally to that end, through a rolling programme of change.

'We have begun the process of rebuilding the NHS'

We moved quickly after the general election to disentangle some of the worst problems that we inherited on 1 May. We appointed Sir Leslie Turnberg and an advisory panel chaired by him to assist in taking forward the agenda for health in London. The panel is independent and distant from Government. It presents its report for the consideration of Ministers, who will reflect on it with the care and attention that the hon. Gentleman would expect.

The hon. Gentleman makes his contribution to the debate, which my ministerial colleagues and my right hon. Friend the Secretary of State will take into account, alongside a range of other contributions from right across the political and community spectrum that he represents. I have not worked in Southwark - in the

shadow of Guy's, as the hon. Gentleman puts it - for a decade now, but I have happy memories of that time and of the distinguished contribution that Benedict Birnberg made to the campaign for Guy's.

The hon. Gentleman can be assured that we will take forward our strategy for health in London by investing cost-effectively in the future, to ensure that the people of London, and of Southwark and Bermondsey, get the health service that they deserve. He has my assurance that the scheme proposed by the Save Guy's campaign will be given the attention that it deserves, alongside the other proposals that he knows are on the table. The concerns that he raised in the debate will be taken into account.

'We will make sure that London gets the health service that is its due'

No one who cares about Guy's and the future of the NHS in London can view with equanimity the impact of the uncertainty on staff and patients. We will move as expeditiously as appropriate to bring forward our proposals subsequent to the London review. We have begun the process of rebuilding the NHS. It is a process that will be carried forward in a spirit of partnership and co-operation, respecting the needs, concerns and views - views strongly felt and well articulated - of the local communities, including that represented by the hon. Gentleman.

We will make sure that London gets the health service that is its due, one that is true to the spirit that has always shaped it, one of service, of caring and of community. That is the challenge. I believe that together we can meet that challenge and deliver to London, including the people of Bermondsey and Southwark, the health service that we all want - one based on excellence and patient care.

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by Janet Maguire, Regional Manager South Thames Office
The Ballroom, Boland House

11th May 1998 - 1.00pm
The House Officer Experience
by Dr Bill O'Neill
The Ballroom, Boland House

8th June 1998 - 1.00pm
Finding a House Job
by Kamran Abbassi - BMA House
The Ballroom, Boland House

FOOD WILL BE PROVIDED AT EACH TALK

Guy's Hospital

Who exactly owns Guy's?

Guy's Hospital as readers hardly need reminding, was founded in 1721 at the 'sole cost and charges of Thomas Guy' (1), the first patient being admitted to 'Mr Guy's Hospital' on 6 January 1726. One of the questions that has previously been asked is 'Who exactly owns Guy's?'

The records of St Thomas's Hospital show a formal arrangement of a lease of 999 years of 'several parcels of land' from the fellow Governors of St Thomas's Hospital to Thomas Guy for the foundation of a hospital devoted to those who had been deemed incurable. Thomas Guy, as part of his duties as a governor of St Thomas's had presided at the ceremony of 'passing out' both of those who had recovered and those deemed incurable. The plight of the 'incurables' had impressed Guy so much that he had given 100 per annum to form a fund to assist them. 'From this arose his thought that he could do most good by devoting a hospital to help these unfortunates'.(1)

'...sole cost and charges of Thomas Guy', the first patient being admitted to 'Mr Guy's Hospital' on 6 January 1726.'

To continue from Lord Brock's excellent 250th Anniversary speech, 'Guy at first intended placing his foundation entirely under the Governors of St Thomas's but he altered his mind on the advice of friends (especially Dr Richard Mead) to make it entirely independent.' Under the conditions of the will of Thomas Guy, Guy's Hospital was managed by a Board of Governors consisting of a President, Treasurer and twenty-one members of the court of committees.

In 1948 the NHS act took the properties of all voluntary hospitals, of which Guy's was one, into the NHS. The Board of Governors continued to manage Guy's, as an autonomous teaching hospital answerable directly to the Department of Health.

A further act passed in 1963 meant that the regional health authority acquired possession, on behalf of the Secretary of State for Health, of all land housing 'hospital' buildings. The Special Trustees, an independent charity, was formed at the same time and took over ownership of parcels of land around Guy's and also the Hospital's Endowment Funds. The Endowment Fund consisted of charitable

donations, originally started by Thomas Guy, but subsequently extended by all and sundry. It was managed by the Board of Governors. Legal advice in 1963 said it was possible to challenge the transfer of charitable funds to NHS control and so the Special Trustees Charity was set up as heir and successor in title to the Board of Governors.

The Special Trustees, Medical School and regional health authority mutually agreed upon boundaries and each took up ownership of their demarked land. The Special Trustees own Elizabeth Newcomen House, Wolfson House, the Greenwood Theatre and the New City Court site, the Medical School owns the buildings it uses and the Guy's and St Thomas's Hospital Trust owns the site of Guy's Hospital. A similar arrangement does not exist at St Thomas's. A large proportion of St Thomas's Hospital land is still owned by the Special Trustees of St Thomas's Hospital.

(1) Guy's Hospital 250th Anniversary. The Lord Brock. p16-31 Guy's Hospital 250 Years. Guy's Hospital Gazette 1976.

Reprinted from Guy's Hospital Gazette, February 1994

Guy's Characters:

John Braxton Hicks (1823 - 1897)

My previous contributions have concentrated on Guy's physicians and surgeons, but now let me turn to one of the most famous of its obstetricians. John Braxton Hicks was born in 1823 at Rye in Sussex. His father was a banker and a magistrate. After leaving school at 15, John was apprenticed to a local general practitioner until he entered medical school at Guy's in 1842 at the age of 18. He proved to be a most diligent student. A fellow student wrote 'I shall never forget his amiable cheerful expression, bright piercing eyes and noble forehead. His alacrity was remarkable, he was always busy, I never saw him idle for one moment. He would hurry with a very quick step to the lecture theatre, literally run down the steps to the bottom bench and there sit attentive until the lecture was over'. How many of today's students would fit this description?

'...he passed his first MB with honours in every subject...'

He gained first prizes in anatomy, materia medica, chemistry and botany but he was far from being a swot; he was awarded a medal for sculling given by the boat club. In 1844 he passed his first MB with honours in every subject and in 1847 obtained his Final MB with honours in physiology, comparative anatomy, medicine and surgery. In 1851 he took his London MD.

After qualification, Braxton Hicks became a general practitioner in Tottenham but in 1859 he was invited to become assistant obstetrical physician at Guy's. In that year he took his MRCP and was elected FRCP in 1866.

From 1810 to 1883 he served as senior obstetric physician and lecturer in obstetrics, but after reaching the age of retirement at Guy's he still felt he should be active and so accepted a request to become the obstetric physician at St Mary's Hospital. For many years he also served the Royal Hospital for Women and Children in Waterloo Road.

As well as his contributions to obstetrics, of which more later, he had a life-time interest in natural science. He wrote numerous learned papers, whose titles included 'On Certain Sensory Organs in Insects Hitherto Undescribed', 'On a

New Species of Draparonaldia' and 'On Amoeboid Conditions of Volvox Globator'. Not surprisingly, he was elected FRS in 1862.

With regard to his contributions to obstetrics, Braxton Hicks was one of the founders of the Obstetrical Society of London, becoming its president in 1871. To this society he contributed over 40 papers. His studies included the anatomy of the human placenta, pregnancy with ovarian disease, ectopic pregnancy and inversion of the uterus.

The name of Braxton Hicks is associated with two eponyms in obstetrics. The first, Braxton Hicks contractions, is well known to today's medical students and midwives; it is attached to the painless rhythmic contractions of the uterus which may be felt from about the third month of pregnancy.

The second eponym, the Braxton Hicks version, was in the textbook of obstetrics that I used In 1947 but has now disappeared from the student books I consulted in the library. Before the days of Caesarean section, obstetricians could, not infrequently, find themselves faced with the exercise of turning the foetus into the position for breech extraction when it was necessary to empty the uterus as rapidly as possible in cases of placenta praevia or eclampsia. It was also used in some cases of malposition and of cephalo-pelvic disproportion. The surgeon would need to wait until the cervix was fully dilated and then introduce his whole hand, indeed his lower arm, into the uterus to carry out this procedure. By this time the poor patient., if bleeding, might well have exsanguinated and there was something like a 30% maternal mortality. In 1860, Braxton Hicks described his combined method. This could be done when the cervix was at an early stage of dilatation, enough to admit one (or better) two fingers. With these two fingers manipulating the head of the foetus through the cervix and the other on the breech at the fundus, 'gentle pressure and slight impulsive movements in a short time will find the head is rising and breech descending, the knee opposite the os can be seized and brought into the vagina'. This procedure, of combined internal and external version could be performed with little force, less risk of rupture of the uterus and was not so painful for the patient. The great advantage of being able to perform the procedure with minimal cervical dilatation was especially valuable in placenta praevia. Once the foetal leg could be grasped and brought down it provided tamponade to the placenta and bleeding site with dramatic fall in blood loss. The maternal mortality

'Braxton Hicks pointed out that another advantage of his method was that it spared the obstetrician the bother of having to take off his jacket...'

fell from 30% to 5% although, naturally, the foetal mortality was near 100%. Of course today these heroic manipulations have been replaced by caesarean section. Braxton Hicks pointed out that another advantage of his method was that it spared the obstetrician the bother of having to take off his jacket - hardly a consideration in modern obstetrical practice

Braxton Hicks was not a particularly good lecturer, nor was he a very effective author; his papers show little charm or style, with sentences that are often ill arranged and whose meaning is obscure. However, he was a popular member of the staff, mild mannered, cheerful and talkative. He retired to Lymington three years before his death to Lymington, where he busied himself with his garden and his books. He died in 1897. His general practitioner wrote 'death was due to cardiac failure, the result of depreciated muscular fibre, most probably an influenzal sequela'. Thus passed away a well-liked, extremely skilful and most famous of Guy's obstetricians.

Harold Ellis
Department of Anatomy, UMDS

Gazette

Internet Home Page

The Guy's Gazette is now available to all on the World Wide Web! Articles from the monthly journal can be found at the address below, as well as links to other medical and dental related sites.

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You can also e-mail us at:

guys-gazette@umds.ac.uk

Dr Phil Hammond

Guy's graduates end up in all the strangest places, doing the wierdest of things. This author is one such example!

Dr Paul Cronin took a weekend course in acupuncture and was delighted to discover a quick and easy alternative medicine. So proclaims an article in GP magazine, accompanied by a stunning photo of Dr Cronin all in beige and armed with a stick of the common mugwort (Artemisia vulgaris). This is apparently ignited and used for moxibustion - the warming of acupoints to strengthen the body's Qi in conditions characterised by coldness and deficiency. Fascinating stuff but I couldn't help pondering whether a weekend is enough to learn the lingo, master the mugwort and suss out the where, how and why of magico-religious needle sticking.

To be fair, Dr Cronin wanted two weeks in Peking, but he couldn't get the time off so he made do with a British 'taster' courtesy of 'Aagh' or (wait for it) Active Acupuncturists in General Practice and Hospitals. As Dr C. observed, possibly not for the first time, 'Aagh might be what you expect to hear from a patient when you stick a three-inch needle in them.' The lectures were 'a little rushed and didn't pretend to teach the essence of traditional Chinese medicine in a weekend', but this was to allow plenty of needle time. 'A large part of the problem is having the confidence to thrust the needles through the skin, though it will probably seem easier with a patient than trying to needle oneself.' You don't say!

'Aagh might be what you expect to hear from a patient when you stick a three-inch needle in them.'

The participants found that needle entry was usually painless, but the consequent renewal of Qi (energy) ranged from numbness to throbbing to 'something strong which was quite hard to describe but not too unpleasant.' And for some who'd brought their aches and strains along with them 'the analgesic effects were instantaneous.' However, the biggest attraction for Dr C. was that he could slip it into his routine NHS appointment times without prolonging them. This came as a surprise to me as the only time I've ever consulted an acupuncturist, he took half an hour to assess me before reaching for his needles. And then the needles stayed

in for a good 15 minutes. But Dr C. has found that 'the duration of the needling is relatively unimportant' and he's now seeing off all those aches and sprains without reaching for the prescription pad. 'One day I might delve deeper into traditional Chinese medicine but for now I am happy to use its discoveries without concerning myself with its theories.'

This struck me as faintly odd, since no doctor would admit to using the discoveries of Western medicine without at least a five-year medical degree and a bullshitter's acquaintance of the theories, but I know quite a few who've been on a weekend course of acupuncture and started using it the following Monday. When I was a senior house officer, a fellow junior doctor came back from such a course with 10 packets of needles and a textbook, and had the nerve to try it out in the Geriatric Day Unit with the book open on his lap. And for maximum placebo effect he used the traditional names of the acupuncture points rather than the numbers. 'I'm just trying to find your Encircling Glory, Mrs Fanshaw. What? You don't want a needle there? Well how about I stick it in your Abundant Splendour?'

He was, of course, incredibly popular with elderly patients starved of attention, conversation and touch. And one of the consultants was so impressed that he borrowed the textbook and got stuck in without even bothering with the course. This frighteningly slapdash approach is a fair reflection of medical training overall. There are plenty of doctors who learned to do lumbar punctures or put in chest drains or take liver biopsies with the textbook open on their knees. Even today, seventy per cent of new operations by junior doctors are done alone and unsupervised. If you can do major surgery by the seat of your pants, acupuncture should be a doddle and a money saver.

Bob, a GP friend, did a crash course to cope with his heartsink patients. 'You know, the really whingey ones in chronic pain you can't get rid of.' Initial results were very successful. 'I loved the novelty value, they felt they were getting something special and I didn't have to dish out the painkillers.'

So is he still doing it? 'No. I thought I could sort them out with a few treatments, but they kept coming back again and again, and I just got fed up with prattling on about meridians and Qi when in my heart I think it's rubbish. I had to put on an act every time and it got quite tiring. So now they're all back to three months' worth of Brufen and a pat on the back.'

Phil Hammond

This article was reproduced from The Independent On Tuesday, with the Kind permission of it's Editor. Further Phil Hammond banters can be found in his regular column published in the Independent on Tuesday.

How To Annoy Your Doctor

'Getting your own back.....'

One of my doctor pals tells me of the time he was awoken at 3am one morning. The patient was a bit of a Herbert - and spoke like one - to the effect that the freshly prescribed sleeping pills hadn't worked yet.

My old friend, a man of great composure at unexpected times, apologised and bade the erstwhile insomniac to come to the surgery in the morning. This seemed satisfactory to both parties, and shortly they met and the script was changed.

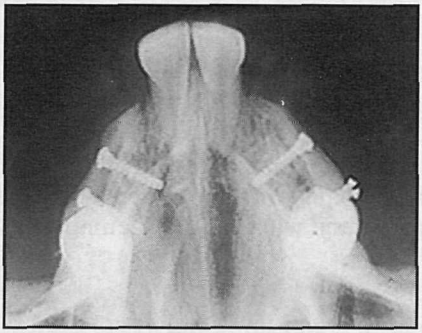
That night the doctor set his alarm for 3am, and having awoken at the appointed hour telephoned his patient. I understand the conversation may have gone along these lines: 'Ah - it's the doctor here; we met yesterday.' 'What of it? Don't you know what time it is?' 'Indeed I do. I was merely ringing to ask if my prescription had worked this time?'

The 'phone went dead on him. It must have been slammed down pretty hard.But it did the trick and my colleague got his own back without incurring any subsequent penalty.

Author Unknown

This is one of a great many pieces of work entitled 'How to annoy your doctor' that was recently uncovered in the 'Submission section' of the Gazette archives. Unfortunately we are not able to identify the author, and would appreciate him/her contacting the Editor to rectify this matter. Similarly, if any reader is able to identify the author, the Editor would be grateful for this information so that an appropriate acknowledgement can be made.

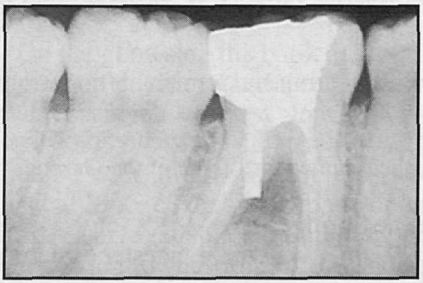
If any readers wish to submit similiar work entitled 'How to annoy your dentist/nurse/demonstrator/professor/consultant etc etc, please submit this to the Editor c/o Guy's Gazette



Question 1
What radiographic view is this?
What is unusual about this and why?

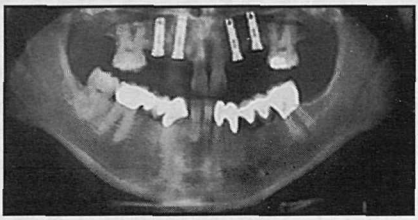
Question 2

What is unusual about this clinical appearance?
How would you treat this, if at all?



Question 3

What is wrong with this treatment?
How could it have been prevented?

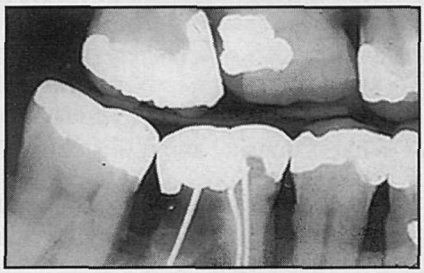


Question 4

What radiographic view is this?
How would you plan treatment for this patient and what are the alternatives?

Question 5

Identify the problem evident in this radiographic view and state a method of management.



This months slides were provided by Mr Barry Quinn and remain his copyright.

All answers should be submitted to the Editor by the 21st April. Correspondence will not be entered into. The answers will be published in the April issue of the Gazette.

1st Prize Vouchers donated by Braebourne Spring
2nd Prize A pair of cinema tickets to the Warner Cinema, Leicester Square

Our thanks to Braebourne Spring and Warner West End for donating these prizes

Human Physiology and Mechanisms of Disease

Guyton & Hall
6th Edition
Saunders
ISBN 0721632998

I have to say that I was rather disappointed with this text. I'd not actually seen this work before by Guyton and Hall and on first glance I thought that it was their original Human Physiology book.

I presume that Guyton and Hall intend this book to be a link between mechanism of disease and how this relates to physiology in the human, at least when looking at the title I guess that's what they meant to do. It is a good physiology text sure enough, but I couldn't see the link to mechanisms of disease as its title hinted at and there doesn't seem to be any new emphasis to this work.

On the good side the book has a fair number of questions at the end of each chapter so you can test your knowledge, or lack of it! It is reasonably detailed with information on most areas that I looked up and is made up of short, easily readable chapters. On the down side the questions at the end of the chapters have no answers! It also has a tendency to over simplify in some areas. It's big brother in Human Physiology covers the areas better and with more detail. The book is rather black and white with no colour, not a great criticism but it does detract from the quality overall.

To sum up, as a physiology book, its good, however one might as well buy the original Human Physiology by Guyton and Hall, it costs no more and is more detailed. If I was being harsh I might say that this book was more of a work by the publicity dept and not a new book. Six out of ten?

Matt Henley

Integrated Pharmacology

Page, Curtis, Sutter, Walker and Hoffman.
First Edition.
Mosby
ISBN 0723425566

This book certainly seems to be aimed at the student starting pharmacology rather than a hugely detailed reference. Its title, Integrated Pharmacology, gives a clue to what it's trying to do and that is; be an integrated read. Indeed it covers a large range of issues, varying from biochemistry, physiology and pathology to finally, almost forgetting, pharmacology. Some might not like this approach, but personally I felt that it tied the subject of pharmacology together very well for its relevance in the whole person. Each chapter starts with a good introduction

into the physiology of the system, then addresses the common diseases affecting that system. It then goes on to establish the context in which the drugs are used, drug classes and specific drugs themselves. At the end of each chapter there is a good number of multiple guess type questions and clinical cases to test understanding.

The book makes wide use of good colour pictures and diagrams throughout, which give the book a friendly look and feel, it certainly makes for an interesting read. There are lots of 'key fact' boxes that highlight the essential facts, side effects or other important points.

For a good start in pharmacology I would happily recommend this book, as a first year med student I've already found it very useful, but for the fifth year, needing some revision for his finals, there are better, more suited texts.

Matt Henley

Apology!

In the last issue of the Gazette (January 1998), due to an editorial error, the authors name was was ommitted from the review of Dental and Oral Trauma in Children and Adolescents.

Apologies to Pratik Sharma, the author of the review for this omision.

Editor

Wheater's Basic Histopathology

Burkitt, Stevens, Lowe and Young
Third Edition
Churchill Livingstone
£32.00
ISBN 0443050880

I've always been a fan of the Wheater's range of textbooks and I'm pleased to say that concerning the new edition of Basic Histopathology I still am. I've always relied on the second edition of Basic Histopathology as my standard text when starting out. The problem with the second edition, that I found was that some of the drawings (all in black and white) where rather cumbersome and difficult to revise or learn from.

The new edition, although drawing heavily from the second edition for its text seems to address this problem very well. It combines excellent colour photographs of specimens with a number of quite simple sketches designed to interpret what is actually seen. We all know and love the typical histology class practical 'it looks like a pink blob to me' idea. This book puts this to one side and attempts to explain what one sees. Although a lot of the basic text is simply transplanted from the older editions it's good to see that there is updated text. There are a number of new chapters looking at newer diseases. The text has also been updated due to devel-

opments in understanding of basic pathology processes. Histopathology is now playing a greater role in tissue diagnosis, especially in conditions such as HIV and other immune deficiency states. Other improvements include some new micrographs to replace older, less clear pictures; there is also a much-revised layout of the book which overall adds to its readability and usefulness.

Matt Henley

Anatomy: A Dissection Manual and Atlas.

S.Jacob
First Edition
Churchill Livingstone.
ISBN 0 443 04852 5

Before I started dissection I looked at this book and didn't really like it. I thought that it lacked in detail and gave insufficient description of what to look for or what to find. I instead elected to use Grant's Anatomy Atlas. However, having just started dissection and being very unclear as to what's what in the DR I realised that using solely an atlas of anatomy is quite difficult and a dissection manual is very useful. My initial criticism of this book was ill-founded and not very fair to it. What it sets out to do, is to give a simplistic view of a human cadaver and uses simple diagrams to then interpret this.

The book is laid out in six main sections comprising the upper limb, thorax, abdomen etc. It then further subdivides these into, for the upper limb; the pectoral region, the back of the trunk, the posterior triangle, etc. The manual uses well-labelled photos to show important landmarks.

Each chapter is set like a two hour dissection class, with clear instructions about how to proceed with the dissection, bulleted points about the osteology and the surface anatomy, as well as various clinically relevant points. When necessary the book contains various other images, such as x-rays etc. Good use is made of colour throughout without its overuse. Together with clear photographs the book has lots of very well drawn pictures with clear annotations,

Whilst this book can never replace a detailed atlas, it certainly fills the gap that an atlas cannot fill, namely to be an extremely helpful practical aid to dissection. It is a good thorough dissection manual.

Matt Henley

Self Help

Many years ago when I was in training as a student nurse, with others, I was required to attend an extended period of lectures given by a senior physician and a senior surgeon. In those days, sister tutors were largely restricted to practical matters, such as tray and trolley preparation, but attendance at these lectures was compulsory. It didn't matter whether you had just completed a 12 hour shift on night duty, or not.

The physician who lectured us was a kindly man, and must have noticed the glazed look, that invariably affected our eyes. For he recommended, as a source of medical knowledge, disease studies for that, I presume, is what they must be called - which appeared in the pages of the 'Readers Digest'. He so strongly urged this that a great deal of our knowledge came from this source. Strange what compulsion leads to?

As readers might imagine, these articles were not specifically written with student nurses' study in mind. But they were articulate and readable medical studies which enlightened us considerably. Bearing in mind, however, they were written for the general public - or that section that reads the 'Readers Digest', it may be timely to recognise that what is good for nurses to read, may also help patients, and vice-versa.

A particularily interesting series of books, under the general heading 'Self Help Direct', have been launched, and are only obtainable via post.

So far published are four editions on male impotence, escape from pain, hair loss and the prostate. All are highly readable. The first two subjects are dealt with by the journalist Oliver Gillie; and guess which one has gone into a second edition? Right - the one on impotence!

Each book starts by assuming the orthodox approach - with doctors' and nurses' advice - has been tried. This does not mean that each book suggests that this advice has been a failure. But as nuses, we often have to cope with patients for whom a 'cure' has not been found. All the authors explore orthodox medical procedures, and look at many alternatives. Much of what passes for 'complementary' medicine has little to offer - except hope and penuary. Both can lead to spectacular success in curing some conditions, but these authors provide an exhaustive appraisal of the successes reported. They also warn against 'quacks' who manage to play with the modern medical market place. Nurses could do worse than read these books for the large amount of background information provided. With an increasingly knowledgeable patient clientele, it is as well we know as much as possible.Since it is impossible to read all the serious 'heavyweight'medical and nursing journals, often written in rather turgid

style, these authors provide, with the wealth of their own research, a welcome contrast. Their popular manner of writing, with explanations of terminology, make for easy reading. This is the sort of literature which nurses can, and in my therapist role I often do, recommend to patients.

Oliver Gillie's books on impotence and pain control reprints classical quotations at the heading of each chapter, which makes for light relief. In discussing impotence, and the use of pumps, he wisely warns against the use of vacuum cleaners! He looks at the effectiveness of old and new remedies to remove pain. Susan Aldridge looks at the reasons for hair loss, a problem most of us suffer to some degree with consequent affect to our poise and vanity: she explores the range of treatments, and the alternatives on sale when baldness overtakes.

Lee Rodwell covers the prostate, which in some form or another causes distress to four out of five men, and is the third most common organ to be afflicted with cancer, in this country.

Nurses, as health educators, must approve of all ways in which their patients can be better informed about their bodies. There are ways in which to maintain health, or restore it if disease ensues. But before nurses can make recommendations, we need to know what is available and what patients read. I find it hard to suggest a better starting point or source of information for the subjects covered than these volumes.

Denis Cobell

Guy's Hospital
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Women's Football

Royal Free 2 vs. UMDS
1/2/98 0 - 4 UL Div. 2

After a shaky start to the beginning of the season and a recent exit in the 2nd round of the UL cup, the UMDS women's football club, lead by Lucy Simmons, had a point to prove against our deadly rivals, Royal Free 2. Being two of the best clubs in the 2nd division, it was now time for UMDS to reproduce the form shown for much of last season.

The match began after the hazardous journey to North London and UMDS soon pushed up into Royal Free's half. A first, early goal came from Claire with an excellent close range blast, and from then on UMDS started taking control. Lucy and Antonia, 'The legendary right midfield', were working well again, causing panic amongst the Royal Free defence. Many corners were conceded and taken fluently by Lucy, who, not satisfied with that effort, then scored an excellent goal into the top right corner of the opposition's net, proving why she was the clubs top goal scorer last season.

The rest of the half was dominated by UMDS. In fact, our goalkeeper did not touch the ball once in that half. This was partly due to the excellent defensive work of Sally, Mel, Hema and Helen who had no problems diffusing any threat. Sally and Mel also pushed up with Katie in midfield, passing masterfully and Mel's dribbling skills were on a par with those of Steve McManaman.

Half time came and it was time for fresh blood. Hema retired injured due to her heroic efforts and Helen joined her to cheer from the sideline while Zohra and Janine came on. Emily and Lucy swapped the goalie gloves and after some morale boosting from 'Kebabe the coach' we stormed back on to finish our work. But, disaster struck early on when Janine aggravated an existing injury and had to leave the field. So UMDS were down to 10 women and Royal Free began to take advantage of this by penetrating our half, but as we knuckled down, our rhythm soon returned. It was now the left midfield's turn to play 'sexy' football as Ruud Guillit would say. Emily pushed up from defence and passed on to Claire and Emmaline who were practically telepathic with each other in their play, crossing many dangerous balls into Royal Free's box.

Our 3rd goal came half way through this half with an excellent shot from Vanessa scoring her first goal in the start of a promising career. UMDS were buzzing, knowing victory was close at hand, but we still wanted more. Katie passed a ball from defence to Zohra who then passed to Antonia just outside the box. She curled the ball gracefully over the defence and into the top corner of the net. Royal Free were flabbergasted, but Antonia had calcu-

lated the shot so well that she wasn't! A few minutes remained, with a number of chances missed, but with the full time whistle UMDS were jubilant. It was an excellent victory for the hard working team. Celebrations continued throughout the evening courtesy of the coach who bought us all 'refreshments'.

UMDS are now preparing for the next few matches of the season. Home matches are on Sunday at Honar Oak park and supporters are always welcome. Also for anyone interested in taking up women's football, training is on Tuesday nights, meeting 5.30pm at Lustys (STH). All are welcome, both professionals and beginners!

One last note, Lucy Simmons, our captain is taking part in the London Marathon this year and welcomes any sponsorship. Anyone interested in sponsoring her should contact the Women's Football Club, Boland House, Guy's Hospital.

TEAM Lucy Simmons, Mel Walsh, Hema Verma, Sally Hobson, Helen Lupson, Emily Champ, Antonia Onn, Katie Win, Emmaline McGuire, Claire Shank, Vanessa Rogers. Subs: Zohra Okabhai, Janine Younis.

Emily Champ

'Fresher's tour to Nottingham 1997'

UMDS Boat Club

Although it has been a little quiet of late (in terms of reports in the Gazette), this is not in anyway a reflection of the state of our events calendar.

During August Bank Holiday we attended the annual 'West Country Regatta'. The UMDS party left our boat house under Chiswick Bridge in the United Club's minibus for Gloucester. The boys had adopted an Arab theme for the occasion and after fulfilling their compulsion to parade fancy dress around Windsor we set off into the night.

'The rowing Arabs'

The field next to the river was less than welcoming. It was extremely dark when we arrived, cold and slightly drizzly. Not to worry though, John O'Leary had the accommodation under control - he had brought his Dad's Gazebo (a summer BBQ thing with no sides).

Fortunately the girls had the foresight to bring a tent. The dome was up in a couple of minutes and we all dropped off to sleep listening to the boys trying to decipher the instructions to pitch their accommodation. In the morning, Johno was the only 'Gazebo survivor' lying there in a puddle in his waterproof combat sleeping bag.

The breakfast was good, the racing even better, although without victory and then a disruptive volleyball match before moving camp towards Bristol. The gang were invited to Rich Baird's empty house for the evening before the racing next day. Arrival was a little later than anticipated as the minibus had to be rescued along it's journey. James McCreadie who was driving didn't realise he was running on vapours. However, once at the house, the pool was cold but a game of water polo was in play, beers stacked waiting and spaghetti bolognaise on the go.

In the morning it was pouring down, the girls were racing first and so the boys stayed in the dry for a cooked breakfast while the girls braved the weather. The day brightened up along with the prospects of victory in the finals. The Arabs made their debut and won their heat, to the horror of their more serious looking opposition.

The third day was held at Ross-On-Wye. The men's VIII and mixed VIII

were enjoyable but as before, we did not excel.

The Apres Regatta was again the highlight with volleyball, beer and a BBQ at Tim William's house.

The year is set to continue with more fun and a racing record to be improved upon, with the Capital and Westminster Invitation Regatta, Cambridge Head and the UL and UH sprints in the very near future.

Virginia Rootkin

Rugby

Guy's & St. Thomas's 1st XV
v
Old Whitgiftians
23rd January 1998 away
Won 19 - 18

Guy's have been playing old Whitgiftians for many years though for the last 5 this has been in the London 3 South West National Courage League. Over the last 2 seasons Guy's have come away with the spoils and with improving form over the last 2 league matches looked forward to a good contest.

They played extremely well for the first half and scored a converted try within the first few minutes when after a series of charges up the middle Thorpe was driven by his pack for a try converted by Davies. This set the scene for a very dominant first half, with the hospital side putting old Whitgiftians under pressure in the tight and in the loose particularly of John Stacy playing against his old club and Davis who played storming games. This pressure was converted into a series of penalties to take their half time score to 19 3 to Guy's with 4 penalties scored by Davies. Although this was a satisfactory score one try hardly reflected the superiority of the side in the first half.

As so often happens in rugby the complexion of the game changed entirely in the second half when firstly the opposition scored a penalty and then Davis was sent off after rather unwisely throwing a punch in front of the referee and the clubhouse. It missed. This set off a very exciting last half hour when Whitgiftians scored two tries, one of which was converted from the touchline to take the score to 19 points to 18. The tries came as much from poor defence as from Whitgiftians being a man up since their tactics were to take long kicks to the corners rather than make use of their extra man. In the tight however, Guy's looked as comfortable with 7 men as with 8 and perhaps ought to have had the confidence to play a tighter game. However it was an exciting game and Guy's did at least come away with the points.

Team: Stacey J, Woodsford D, Thorpe B, Wood B, Ryan G, Davis P, Baladasaran D, Morgan, S, Davies N, Ekowa U, Davis J, Edmondson M, Behn E, Etok R.

SJC

Derek Biggs

05.06.39 - 11.01.98

Derek was educated at Dulwich College and was admitted to Guy's Hospital Dental School in September 1958 to join a further 37 students.

Following the Fresher Trials, he was selected to play for the first XV on the left wing; a position which he played for the whole of his student career. In 1961, Guy's RFC, under the captaincy of Sir Terence English won the UH cup. Derek had the distinction of scoring all the points. He was made vice captain of the Guy's RFC in 1961 and 1962 and UH Captain in 1962. He played for Kent on numerous occasions. Following the defeat of St. Thomas's in the 1961 cup final, 57 students were arrested and taken to Putney 'nick' charged with 'creating a disturbance whereby a breach of the peace may have occured. One student was fined £200.00 which was paid by the consultant members on the hospital. The St. Thomas' mascot; a cannon, was subsequently acquired and immediately concreted by the works department, in the park. However, after many complaints from the Dean at St. Thomas's, Sir Roland Boland very reluctantly agreed to return it after five days.

He qualified in 1964 and in 1965, he married Kate, a fellow dental graduate. They had two children together, Johnathan and Avril.

He died suddenly, but peacefully in his sleep at home.

EJNC

Colin Shannon CBE MBBS, LMSSA, MRCGP

Colin Shannon qualified from Guy's in 1956.

He died on 16th January 1998 at home, Sandling House, Hollesley, Suffolk. He was the dearly loved husband of Pat (SRN Guy's 1955-59), proud father of Samuel, George, Clare and Alexandra (RGN Guy's 1986-1991) and fondest Pepe to his three grandchildren.

PS

Edward Casburn Davies

Edward Casburn Davies (Guy's 1939 - 45) of Dwlan, Llanybydder, Carms, died of a myocardial infarction on 27th January 1998. He leaves a wife Valmai, two children and one grandchild.

TJJ

John D Deverall 1935-1997

JOHN D EVERALL (1939) died on 17th July 1997,aged 80. He entered Guy's hospital as a dental student but transferred to medicine. He was a gifted rugby player, playing in the KCS 1st XV 1933-35, and later representing Guy's and Middlesex. During the Indian Summer of private practice in the late 1930s he crewed on the yacht of the celebrated fashionable GP Dr Brydone.

John's later student days were overshadowed by the war, and like many of his generation, it shaped the rest of his life. On qualifying, he joined the Royal Air Force. Of many telling incidents, that in which he crashed in the sea and survived eight hours in the icy waters off Scotland, was an indication of his iron will. That he was returning from a party reflects another aspect of his character which never left him - his pleasure in living life to the full.

In 1944 he served with the Tactical Air Force. He landed on the Normandy beaches ahead of the main D- day invasion. His squadron progressed through Normandy but not without casualties, and caring for them was an experience he never forgot. His readiness to take a chance got him to Paris before the Allies - and before the Germans had left - but shortly afterwards he was wounded - so severely that again only his determination stopped a colleague amputating his leg.

While convalescing at Cosford, he met Pamela Odone, then an officer in the WRAF. In 1947 they were married and went to live in Yorkshire. John was a junior doctor at the Leeds Infirmary under the leading dermatologist Dr Ingram, who became a lasting influence. Here, John acquired an abiding love of the county, reinforced when their only son was at Ampleforth.

In the early 1950's John spent two years in the United States as a Fulbright Scholar. He made and kept a number of close friends and he visited the States most years. Last Spring, he was again in New York and California. On his return to London he was initially a Senior Registrar at St Mary's Paddington, then a Consultant at Ealing and St James, Balham, and at The Royal Marsden and St Thomas's'. Unfortunately, in the early 1960s his marriage had broken down and he and Pamela divorced.

John brought his home in Harley Street and spent many years lovingly restoring it. It gave him the opportunity to indulge his passion for fine furniture, and it was not unusual to find him with a jar of beeswax and a leather duster at midnight He made it a unique house.

His love and interest was his work at the Royal Marsden. From nothing he built up the skin departments there, and at Ealing. He undertook extensive research into basic dermatology and skin cancer, established research funds and

published frequently. He was a pioneer in Britain of dermatological surgery. In 1982 aged 65, he had to retire from the NHS. He took up farming, and his private practice expanded to fill his lost NHS hours.

And the man: charm and determination. One of so many scenes from his life, and entirely typical. On the fiftieth anniversary of D-Day, aged 77, he sailed across the Channel with a great friend to join in the ceremonies - omitting to tell anyone he was coming. His first coup - a mooring more or less alongside Britannia. Then on the day itself, his charm and determination got him past the guard on the main enclosure, to a seat just behind the Royal party - and subsequently into the receiving line for a regal handshake.

John will be missed for his strength of purpose and his entrepreneurial spirit - and for his infectious enjoyment of life.

Mark Everall QC

John Kenneth Martin 1918-1997

Ken, as he was always known to his friends, came to Guy's in the autumn of 1936. When war broke out, and the Medical School and medical services were evacuated to Sector 10, he went to Farnborough whence he qualified in 1941.There were, at that time, a few beds left available at Guy's looked after by a resident staff of about six of us. Ken was the R.O. and subsequently the HP and President of the Residents. We lived in Nuffield House. On call up, he joined the RAMC in which he served for the next four years, mostly in a Field Ambulance. Troubled by sciatica he was downgraded medically and excluded from overseas service.

On leaving the army he completed his postgraduate training in the Guy's sector at Orpington and Farnborough, and subsequently spent a year as a house officer at Great Ormond Street. He acquired his London MD and the MRCP (and was at a later date raised to FRCP and awarded the Fellowship of the Canadian College.)

Thus, well qualified, he emigrated to Canada, initially to Winnipeg but soon to Edmonton. There he worked through a severe epidemic of poliomyelitis effecting western Canada in 1952-1957, taking his turn in caring for these patients at the King George V Infectious Diseases Hospital. Later he became involved with the Manitoba Society for Crippled Children which in time he completely reorganised. In 1957 he was appointed the first full time Professor of Paediatrics and Chairman of the Department of Paediatrics in the University of Alberta. He was absolutely the right person for that post at that time of amply funded comprehensive expansion of the medical services. For the first time, on the strong and tactful persuasion of Ken, the neonates, heretofore cared for by the Obstetricians,

came under the custody of the Paediatricians. The 'History of the Department of Paediatrics in The University of Alberta 1919-1992' tells the story of the recruitment of staff, the creation of the graduate training programme, the complete revision of the undergraduate programme, the modification of the laboratory and radiological facilities to meet the needs of children, likewise the organisation of general and speciality out-patient clinics, all in fact that was to render the paediatric services in the province so highly regarded. His greatest success however was in the consolidation of services for children with long term disabilities in a unit that came to be known as the Glenrose Hospital.

For some years, while living in Edmonton, Ken who had been an enthusiastic member of the United Hospitals Sailing Club in 1937, and had always maintained his interest in sailing, had a second home in Sidney, BC, where he was able to take his boat to sea. In 1971, feeling that he had achieved most of what he had set out to do in Edmonton, he looked for a post in Victoria, and in due course was appointed Director of Medical Services at The Glendale Lodge, a residential facility for the care of mentally disabled people of all ages, and this constituted a real challenge for him in his later years. He was furthermore able to pursue his interest in neuropathology which had developed in Edmonton and on which he presented papers at various international meetings. By the time he retired, he had proved his organisational skills very fully, though at heart he had always been primarily a clinician and a teacher, and had passed on to countless students and doctors the Guy's tradition of meticulous history taking and thorough physical examination. For many years towards the end he suffered the miseries of ankylosing spondylitis, becoming more and more incapacitated, and ultimately developed virtual blindness. These disabilities he bore with remarkable cheerfulness. Few but his wife of fifty six years knew how unhappy he was. He died on 5th September 1997 at home, at Moses Point, Sidney, and was buried at sea on 15th October. He leaves his widow Mary, three sons, twelve grand children and two great grandchildren. They were all present when his ashes were scattered over the waters where he had enjoyed so much happiness sailing.

HAR

Maurice Edwin MacDowall Jago 15.12.1902 - 12. 01. 98

Born in St Buryan, Cornwall, The son of Ashley (Guy's), the village GP. One uncle, Charles (Guy's), in practice in nearby St Just and another, Edwin (Guy's), in practice in Northern England.

Educated at Humphrey Davy Grammar School, Penzance and Guy's Hospital 1919 - 1925. MD London 1929. Obtained University Purple for athletics. GP, Sutton, Surrey, 1932 - 1960.

Married Mona (nee List - deceased 1938) in 1933 by whom he had two children; Francis (Guy's), retired GP, Truro: and Peter (deceased 1938).

Married Margaret (nee Carr) in 1942 by whom he had 5 children; Lamorna, Noel, William (Guy's), Charles and Johnathan.

Volunteered for active service at outbreak of 1939-1945 war. Joined the RAMC and served on troop carrying ships and as Medical Officer of a German prisoner-of-war camp in Bridgend, Wales. Left the army with the rank of Major and resumed General Practice in Sutton, but did not join the National Health Service in 1948, continuing to practice privately.

Retired to Cornwall in 1960 and became a world-class chess problemist and all-weather sea swimmer until the age of 88.

Maurice died in Poltair Hospital, Penzance on 12.1.1998, leaving his loving widow Margaret, children, grandchildren (including Loveday, SHO at the London) and great - grandchildren.

Gazette

Internet Home Page

The Guy's Gazette is now available to all on the World Wide Web! Articles from the monthly journal can be found at the address below, as well as links to other medical and dental related sites.

http://www.umds.ac.uk/guys-gazette

You can also e-mail us at:

guys-gazette@umds.ac.uk

CLASSIFIED AND ANNOUNCEMENTS

Welcome!

The Gazette would like to extend a warm welcome to the following new subscribers this month:

Mr Brain P Levy
Mr Richard Loveday
Mr RS Pook
Mr Thomas Helmer
Mr YN Punwar
Mr PJ Gush and Mrs CA Gush
Mr LJ Glowrey
Mr Peter Dooley
Mr Noel Stamp
Mr Michael F Richmond

Book Wanted!

Textbook on Complete Denture Prosthetics by Neill and Nairn. 3rd Edition. Accepted in any condition.

If you have a copy which you wish to donate or sell to a current student please contact the Editor, c/o Guy's Gazette.

Clinical Day

Guy's Dental Hospital, Guy's and St Thomas Hospital Trust, Annual Clinical Day will be held on Saturday 7th March 1998 from 9.00am. All alumni are welcome to attend. A staff and alumni dinner will be held on Friday 6th March 1998.

All enquiries to Miss Ann Webster, Deans Office, Tel 0171 955 4204

Guy's memorabilia will be available to purchase on the day!

Guy's Hospital RFC REUNION BALL

For tickets and further information contact:
Dr Gibson Tel 0171 9553310
Fax 0171 407 7532
John Davies
0181 858 8141 bleep 872
Toby Edwards-Lunn
Bleep 0336 722245

Change of Address

David Coooper FRCS
Constellation Wharf #26
Pier 7, Ninth Street,
Charleston, MA 02129 USA

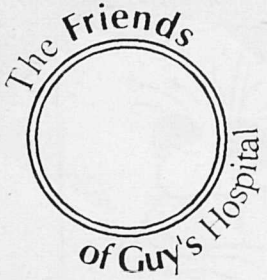
Charlotte Jamieson (nee Taylor)
SRN SCM Guy's 1960
88 George Street,
Alva, Clackmannanshire,
FK12 5AP

VACANCY

Cambridge University

The University Dental Deprtment will have a vacancy from July 1st 1998, for a dental surgeon. The practice is mixed NHS/Private and treatment is of staff and students of the University. Renumeration is 50%.

For further details please ring: 01223 359330



WHO NEEDS FRIENDS? *WE DO!*

Why not become a member of the Friends of Guy's Hospital?
The Friends are a registered Charity,
whose origin dates back to 1895.

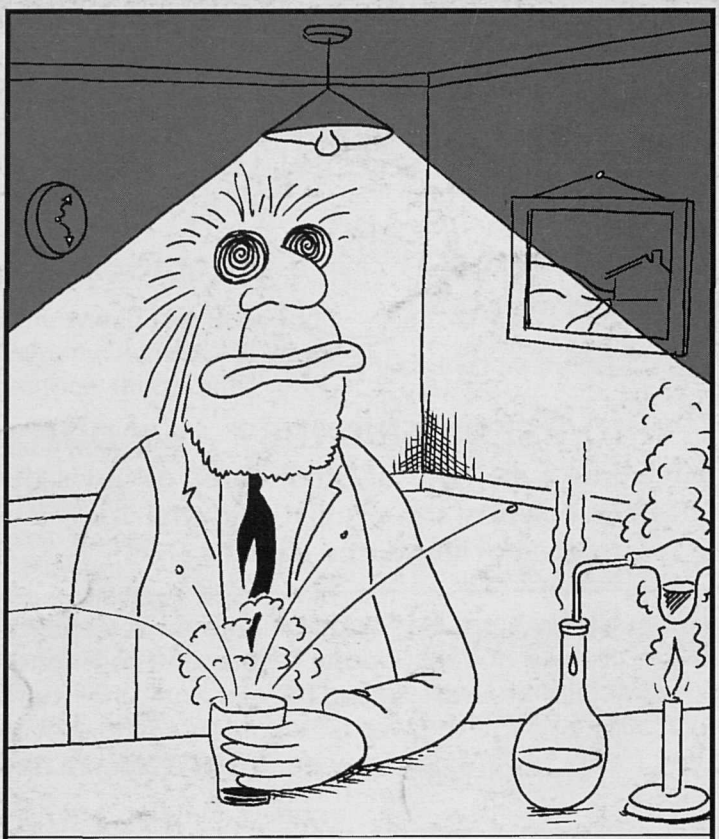
The Friends provide amenities and equipment which the hospital is not able to provide and it supports research. The Friends run a shop in the hospital grounds selling flowers and other items as well as a Trolley Shop to the wards. Volunteers who provide this service find it very rewarding. They need and welcome anyone who wishes to join them.

It is easy to join the Friends. You do not need to be an ex-patient, although many of our members are. The minimum subscription is £1.00 a year but EXTRA DONATIONS are greatly appreciated. Cheques and postal orders should be made payable to "The Friends of Guy's Hospital" and should be sent to: The Secretary, The Friends of Guy's Hospital, Guy's Hospital, London, SE1 9RT. (Tel. 0171 407-1058). Contact the Secretary if you require information regarding DEEDS OF COVENANT or LEGACIES.

In recent times we have provided grants for:

- Support for the Nurses League Journal.
- Toilets for the disabled, Department of Genetics.
- Flowers for the Chapel.

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)



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GUY'S HOSPITAL, MEDICAL & DENTAL SCHOOLS

Gazette

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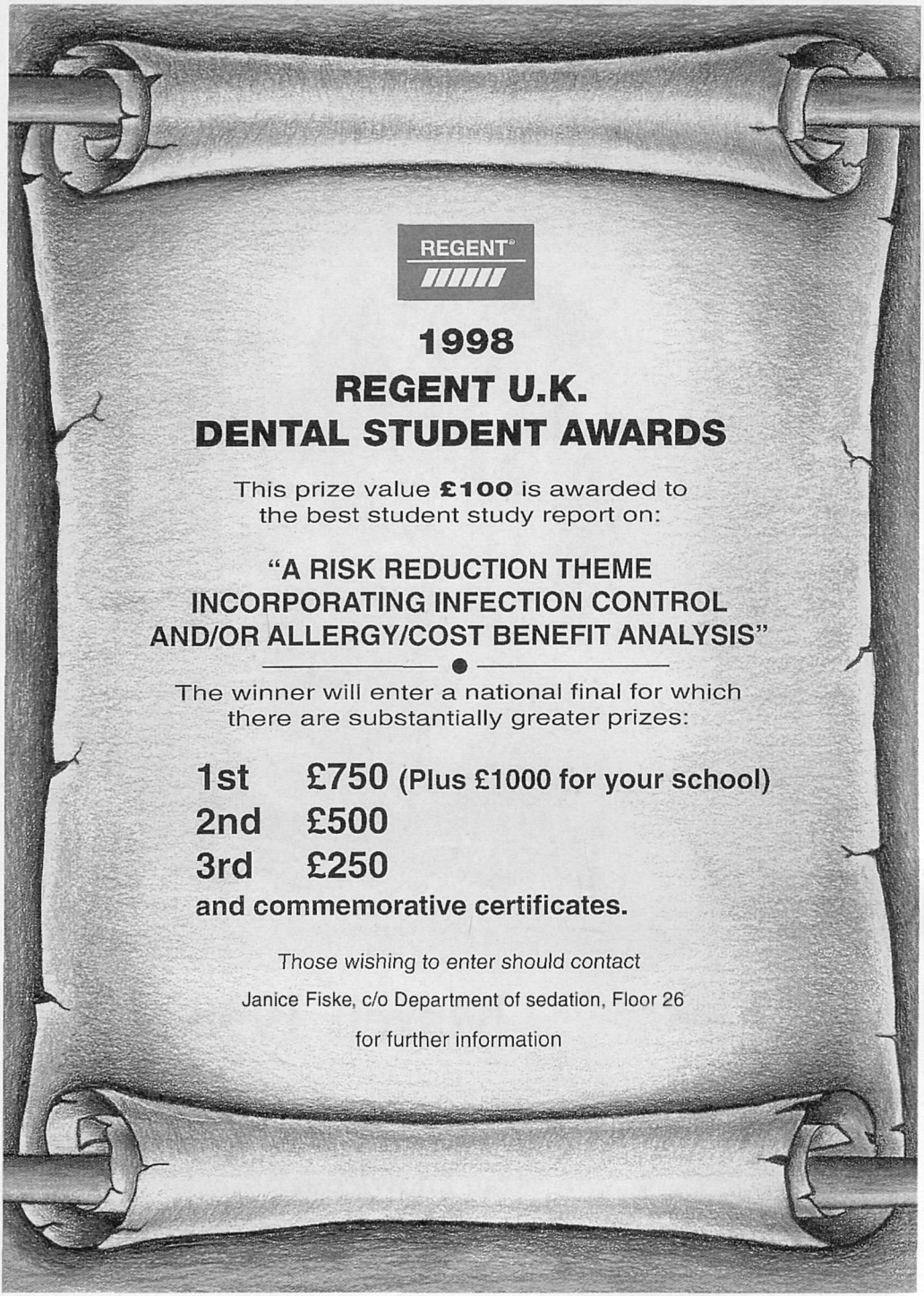
- Victoria Falls!
- Win some knowledge!
- Phil Hammond, again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Passim

The formation of the Guy's and St. Thomas's Trust and the union of UMDS with King's College are momentous events, which have changed forever the life of medical or dental students who are based at or associated with Guy's. Are the changes for the better or just inevitable? Only time will tell whether medical education is enhanced by having an intake of 300 medical students and 150 dental students a year in the new Guy's, King's and St. Thomas's medical and dental School of King's College, London. Meanwhile there is a problem of identity. The Romans and much later the British Army organised men into units of 100 because this was the number that one could get to know and identify, or in units of 20 or so as a platoon which is apparently the number that one could know very well. Since it will no longer be possible to even know all of the medical students in a single year, there is a need to form the 300 medical students into smaller identifiable units. This problem is being examined by the medical school, but it is unlikely that the answer will be blocks of 100 called Guy's, King's or St. Thomas's all with allegiance to GKT. Perhaps the School should be looking at the example of Cambridge or Oxford where it seems possible to have loyalty and identity both with individual colleges and with the university.

One wonders what the future holds for our institution! The joint hall of residences built in Great Dover street, although a combined effort, are known only as the Kings College Hall of residences, reflecting no input or link with Guy's or St Thomas'. One could ponder at length about an establishment that is already rejecting our presence, and what it will do when the merger officially occurs. Kings and pawns only?

As a student you'll have a hundred and one things on your mind. Why not make it a hundred?

The prospect of college can be as worrying as it is exciting.

Will I get the grades I need? What will college be like? Will I fit in?

And, if that wasn't enough, how will I make ends meet?

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THE THOROUGHBRED BANK

Times are changing!

Dear Madam,

In your admirable Passim in the January issue of the Gazette, you set out the current problems and future challenges for the Gazette and for Guy's, and in your New Year Greetings you reminded us that the Gazette is the oldest hospital journal in the world. I hope that the Gazette will not succumb to the common ailment of the elderly by indulging in too much nostalgia. A glance at the letters and features of the past three issues will demonstrate the basis of my concern - Guy's Charcters - History of Buildings - Guy's during the Blitz - the Great Nursing Dispute and so on.

Surely Guy's has a future in spite of the seemingly inexusable growth of the NHS Supermarket in Lambeth. Those of us who visit Guy's from time to time will have been tremendously impressed by the state - of - the - art Thomas Guy House and excited at the prospect of the merger with King's and the formation of a new large Medical School. already known as the acronym GKT - surely an improvement on UMDS.

So when will the Gazette take us on a tour of Thomas Guy House? Tell us about the future of Evelina, of New Guy's House and of plans for the Hunt's House site and other buildings overlooking the park?

Yours faithfully,

Declan Anderson
Former Professor of Oral Biology

Times have changed

Professor Anderson raises some valid points in his letter, and the current Gazette committee is only too aware they need addressing.

However, the Gazette survives because of material submitted by the readers, staff and students associated with Guy's. No one is pleased when change is imposed upon them, but eventually you learn to adapt to the change and life continues. I hope our readers will agree that the Gazette is in it's transitional phase at the moment, and hopefully will be seen to complete this change over the next few months.

We hope to print several articles on Thomas Guy House, the impending GKT merger and the future of the Hunt's House site over the next few months. All we ask you to do is keep reading!

Editor
Guy's Gazette 1998

Arthur Hurst

Dear Madam,

I was a ward clerk to Sir Arthur Hurst 1936. He will always be remembered for his campaign against the shooting of deserters in the army.

Yours faithfully,

Edward Moll
Gillingham, Kent

STOP PRESS!

The last ever Rag Week at UMDS has succeeded in raising £64,000. The charities which will benefit from this years successes are:

Tommy's Campaign
Evelina Children's Hospital
Guy's and St Thomas' Kidney Patient Association
St Thomas' Heart Research Trust

Well done to all those who were involved in it's planning and execution. A full report will be in the April Gazette!

Reunion!

Dear Madam,

I am arranging a reunion for all who feel part of the 1955-56 vinatge for the weekend of October 9th - 10th 1998, the week after the biennial dinner. If you are interested please contact me:

Tony Membrey
Shirley Lodge
Legs Lane
Langton Green
Kent TN3 0RQ
Tel: 01892 862228

Our idea is to have an informal buffet with time to chat or go on an outing to the Globe, Greenwich or anywhere on the Friday and a formal dinner in the Robens Suite on the Saturday. Those of you who come from afar will be pleased to see that some of Guy's still exists. Even if you believe I already have your address please remind me of it again as my computer hard disc crashed over Christmas.
I am looking forward to hearing from you.

Yours faithfully,

Tony Membrey
MBE FRCGP

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Looking Glass

Persistence pays off???

Every year, a proportion of students entering medical school have retaken A-Level examinations. In my experience, the uninformed individual often formulates a distorted opinion of such students. However, the reasons for repeating exams are many and varied, and are something a proportion of medical students face every year. Having subsequently become a student advisor at my tutorial college, and presently sitting on the Student Medical Education Committee at UMDS, I thought it might be interesting to ask the question 'Do such students have any advantages or disadvantages over others?'

From personal experience, the student who has just received disappointing A-level grades is often devastated. Most are, like other medical school candidates, used to achieving and succeeding at everything they do. Often they may have never failed an exam before in their life. For the majority, this is the end of their attempt, and they will give up hope. In other words, the decision to repeat the A-Level examinations takes a lot of commitment to medicine. Such commitment means that I have heard many of my college colleagues remark how they will never fail an exam again. This is because, they know how it feels to fail, to see all their friends move on, and to be left behind. They are often more focused on medicine than the student fresh out of school. Their determination and maturity can become a much stronger driving force. This is equally true of those retaking a year of medicine. Especially for those who attended a tutorial college, or retook medical exams late in summer, the ethos of rapid learning that must be adopted is very useful for medical students, who must also rapidly assimilate large amounts of information and be able to interpret them. Often such learning is accompanied by frequent testing, which some school-leavers would not have been subjected to with the same frequency.

Conversely however, does the necessarily more intense approach of a tutorial college mean that inappropriate people are being 'coached' into medical school. I remember being taken aback by the academic standard in my class when in fact I had achieved the highest grade first time around. It was naive of me to think that there were no extenuating circumstances surrounding many of my fellow students' failure. It is unfortunate that often students both at school or studying medicine feel a sense of not being able to admit or confide in anyone if they have problems, whether they are personal or academic. Even if such students were not of the same academic standard, many medical students would agree that it is the assimilation

of knowledge, not intelligence which is often the key to progressing though medicine. This is a skill that can be learnt, even if some people naturally have a better technique than others do.

Irrespective of which point of view is correct, many medical schools have chosen to take a stand one way or another in terms of recruiting 'retake' and mature students. I think it might be interesting to see in a more quantitative way, if there are any differences in medical school success between such students, and school-leavers, as this may well affect recruitment policy.

Jason Roach

Gazette

Internet Home Page

The Guy's Gazette is now available to all on the World Wide Web! Articles from the monthly journal can be found at the address below, as well as links to other medical and dental related sites.

http://www.umds.ac.uk/guys-gazette

You can also e-mail us at:

guys-gazette@umds.ac.uk

Trust

The government review of health services in London was completed in February. It has given the Guy's and St. Thomas's Hospital Trust the authority to move ahead with it's plans to merge A&E services to one site at St. Thomas's. It was also stipulated that savings in the projected financial costs would have to be made to meet government resources. It is the belief of Mr Frank Dobson, Secretary of State, that there will consequently be more non-emergency services at Guy's than the last government had planned. Guy's & St. Thomas's Chief Executive, Tim Matthews described how the trust is pleased with the outcome and that it is already liaising with the NHS regional office to facilitate the best possible working structure for trust facilities.

Jason Roach

New Post!

Sir Cyril Chantler will be the Dean of Guy's Kings and St Thomas' Hospital Medical and Dental Schools as well as the Vice Principal of King's College London from the 1st August 1998.

Time for Change!

As part of the initiative of the new editorial team to rejuvenate, and improve the Guy's Gazette, as of this month, the news section will take on a different structure. We hope to have several new features appearing in the forthcoming months, including a Research Front feature, outlining in brief an area at which Guy's is at the forefront of research, and a Looking Glass feature (see page 7), in which students may groan, praise or raise issues regarding a topic of their choice. Such features will provoke further responses and appraisal by our readership and help to push the Gazette forward to maintain the prestige with which it has been held in the past.

Jason Roach

NHS Celebrates 50th Anniversary

On 5 July 1998 the NHS will have been treating patients for 50 years. To celebrate this anniversary, a number of events will be taking place throughout the year on both a national level as well as a more local one.

UMDS is organising a number of events and exhibitions both in conjunction with the Trust and separately. In particular we are going to be involved with exhibitions on both sites which will detail the achievements of the last 50 years with particular relevance to Guy's and St Thomas's and we are hoping to organise a special lecture on the history of science and medicine.

Reconstructions of how wards have changed since 1948 will be set up for both the planned Open Day at St Thomas's on Sunday 5 July and for early May when a Careers Open Day will be held at Guy's. Any staff or students who are willing to help out would be most welcome.

A book of anecdotes, filled with contributions from staff and patients about how things have changed over the last 50 years, is being produced by the Trust. If anyone has any old photographs, press cuttings or anecdotes or would like to get involved with any of the above, please contact Carol Hayward on STH ext. 1497.

January 1998 Gazette Quiz Answers

The answers to the January Gazette are as follows:

1. Kartageners Syndrome
(The CXR was mounted back to front!)
2. Thoracoplasty
Tuberculosis
3. Right sided arch of the aorta
4. Hiatus Hernia
5. Gall Stones in the Common Bile Duct

The quiz was won by Nazan Adali, a dental student currently intercalating a BSc.

Better luck to all the medics out there for next time!

A Guy's Painter

25th - 28th March 1998
Travellers Images
Paintings by Dr Maurice Shellim
at the Sheridan Russell Gallery, 16 Crawford Street, London W1H 1PF
Tel: 0171 935 0250
Open Wednesday - Friday 10am -5pm
Saturday 10am - 1pm

The Sheridan Russel Gallery is owned and managed by 'Painitings in Hospitals' a charity established 40 years ago to loan art to hospitals.
Dr Shellim trained at Guy's Hospital.

Guy's Graduates (1956) Reunion

On 2nd October 1997 Guy' s medical graduates of 1956 gathered for lunch in the Robens Suite of the Tower at Guy's. Colin Shannon and Algy Gunn arranged the occasion to celebrate our fortieth anniversary of graduation, albeit a year late. Guy's men and women attended singly or with their spouses to a total of 33 pe ople. Norman Rigby and Douglas and Ann Smith flew over from Canada and many others came long distances. Bob Knight gave an up-to-date account of the latest developments, medical and political, at Guy's, which has changed so much since we were students. Several regretted that they could not come, and many more enjoyed the occasion so much that we hope to repeat it in some form in three or four years' time.

A small group of us returned to Suffolk for the weekend, where Colin and Pat Shannon entertained 11 of us one evening. We toured Flatford Mill and Dedham the next day and had dinner together at Stuart Bassettt's very individual restaurant at the Old Rectory, Campsea Ashe.

Among those present: Mike Allen, Stewart and Valerie Duncan, Hazel Egan, Ian and Elaine Green, Algy and Elizabeth Gunn, David and Gwynedd Lillicrap, Jamie McLaren, Brian Mallaband, Ken Nicholson, David Parrott, Peter Payan, John and Hilary Reed, Norman Rigby, Colin and Pat Shannon, Peter Sheard, Douglas and Anne Smith, Eric Smith, Ken Watmore, Micheal and Jean Williams.

Andrew Gunn

Sadly, Coin Shannon, one of the organisers of this occasion died suddenly in January. An orbituary is printed on page 141.

1956 Reunion in the Robens Suite

THE VIEW FROM OVER HERE...

The NHS is 50 years old this year. 50 years of a Health Service which is free at the point of delivery. Any individual can walk into any GP surgery or Accident and Emergency Department and be seen by a doctor eventually. Still at least it is free even if it does take a week to get an appointment with your Doctor, 6 months to see the Consultant (or more realistically their Registrar) in the Out-Patients department, and then a year to actually get admitted for surgery. Still, there is always A&E if it is an emergency after seeing the triage nurse it should only take 4 to 8 hours to see the Casualty SHO then another few hours to see the house officer or SHO from the admitting team in a (hopefully) appropriate speciality. It is free, well until you have to pay for the prescription at £5.50 per item.

We should be thankful, therefore, that New Labour (well, not so new now, I guess), have plans for the NHS. The first that caught my eye is the 24 hour hotline. An 0898 number staffed by nurses (steady boys) which will provide a sort of triage service, sending the caller to the chemist, GP, A&E department or police, depending on the content of the call. Still, at 99p a minute, it could be quite a money spinner !

In addition to this, there will be NHS Net, a NHS computer network providing booking systems, advice and up-to-date clinical information. Now, I have come across NHS Computer systems before. Reliability is not a word that leaps to mind. Dire is. The implications for the security of patient data are concerning. The possibility of Networked Doom whilst on-call, however, is much more exciting.

Still, the new White Paper does aim to save money by getting rid of the internal market and the administrators that go with it (my heart bleeds for them). Of course, this saving will disappear in the cost of a National phone line and computer network.

It has been suggested by the Secretary of State for Health, that there should be a nominal fee for visiting the Doctor. 'Hold on. I thought this service was meant to be free!' Still, this could dissuade people from seeking advice. Maybe this fee should be refundable if there is something actually wrong with you. I guess you should be really worried if your doctor gives you your cash back, and even more so if he gives you a free pass. Maybe there should be a season ticket available for those who feel they want to make repeated visits. Suddenly those heartsink patients don't seem to be such a burden after all!

So, after 50 years of the NHS, the organisation creaks and groans like an arthritic 80 year old, but it still exists, still provides a service, albeit reliant on the efforts of the ground troops, and is free, for the moment.

Paul Cable

BMA

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30th March 1998 - 1.00pm
Contracts & Pay
by Janet Maguire, Regional Manager South Thames Office
The Ballroom, Boland House

11th May 1998 - 1.00pm
The House Officer Experience
by Dr Bill O'Neill
The Ballroom, Boland House

8th June 1998 - 1.00pm
Finding a House Job
by Kamran Abbassi - BMA House
The Ballroom, Boland House

FOOD WILL BE PROVIDED AT EACH TALK

Elective Planning!

Early planning is the key to a good elective, and may even help you fund your visit. Over the next few issues we bring you details on how to plan your elective - and will publish a few reports on those of recent years!

For many years now, UMDS has been receiving dental students from overseas and sending out its own student ambassadors to dental schools and hospitals throughout the world.

Incoming students are accepted in their final year of study for between two and four weeks. On arrival at UMDS they are allocated to a fourth year dental student who has volunteered to be their mentor throughout their visit. The visitor usually shadows this student for a few days before working out their own programme of visits to consultants' clinics, departments, lectures, tutorials or operating sessions, where, subject to their skill levels as assessed by the demonstrators and proven immunisation status, they are encouraged to assist where appropriate.

During the 1990s we have welcomed students from Australia, Canada, Croatia, Denmark, Germany, Greece, Hong Kong, Hungary, Ireland, Latvia, New Zealand, Nigeria, Poland, Romania, Slovakia, Slovenia, South Africa, Sweden, Syria, Tanzania and the USA.

Just as impressive is the list of places to which UMDS students have chosen to go. The list includes a mixture of highly developed and developing countries, including Australia, Bosnia-Herzegovina, Canada, Chile, India, Israel, Italy, Japan, Kenya, Lebanon, Malaysia, Micronesia, Namibia, Nepal, New Zealand, Singapore, South Africa, Trinidad & Tobago, Ukraine, USA, Vietnam, Zambia and Zimbabwe

In general, the more developed the country, the less the visiting student is allowed to do and observation for the purposes of comparing the way in which dental care is taught and delivered tends to be the norm'. Those who choose to go to developing countries sometimes find that they are only the second pair of 'dental hands' at their destination, and thus become 'assistant dental officers' for the period of their stay. In many such places the relief of dental pain is of priority, and exodontia is the easiest and most realistic option.

The most popular destinations have realistic limits on the number of students they can take at any time (as do we) and so those thinking of going on an overseas elective visit should make early contact with their intended destination to avoid being disappointed.

The secretary of the Department of Dental Materials Science keeps addresses of all the dental schools throughout the world, and holds a collection of reports from UMDS students who have visited many of these and some exotic sites as well. She can be contacted on 4549.

UMDS is fortunate in having several funds into which it can dip to assist students in making these elective visits. These include a number of funds set up in memory of past Guy's and Royal men and women, and others which are kept topped-up by the generosity of some dental practitioners, who feel it is a good way to recognise the guidance they received as students. The Dental Dean is always happy to hear from any graduate of any vintage who would like to be associated with this programme.

David Brown
Sub-Dean for External Affairs (Dental)

Zambia - More than just Victoria Falls!

I had the privilege of visiting Zambia during my Year 5 elective as part of my undergraduatetraining, working alongside Mr Michael Mwanza - the dental clinical officer at the hospital.

Geography and Economy

Zambia is a country in south central Africa of 753 km^2. It is divided into nine administrative provinces with a total population of 8.7 million. English is the official language but there are over 70 different tribal dialects.

Copper makes up 90% of export earnings from the Copperbelt province representing the largest industrial concentration in Africa. However, the continuing low price of copper has hindered economic development.

The Health Service

The health care system is primarily aimed at encouraging the Zambian people to look after themselves together with the assistance of the family unit. However, the State provides free medical care for medical staff and those that cannot afford it. There is a small charge for health services to the rest of the population. Private medical care is available, but only in major towns. A few people still prefer to consult traditional healers and this number is increasing as modern medicine declares itself unable to treat AIDS.

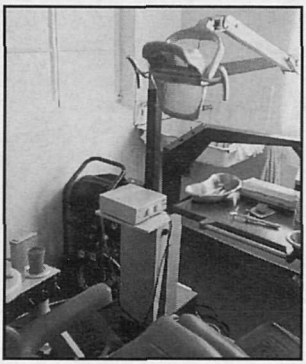
Chikankata Hospital

Oral health care is provided at Central, General and some District hospitals by dentists and empirically trained clinical officers but most of the general dental practitioners are concentrated in major towns.

Chikankata Hospital is a mission hospital managed by the Salvation Army, situated 130km south of Lusaka, at the end of a 30km road. There are 260 beds divided into medical and surgical in-patient wards, an intensive care ward, long

stay and special care ward and a dental clinic. Basic laboratory and radiological facilities are available. Predominant medical conditions include malaria, dysentery, STDs and tuberculosis. Many of the patients are HIV positive.

Several outreach clinics run from the hospital to even more rural areas for preventive medicine (and dentistry) in the form of health talks and vaccinations together with ante-natal clinics, nutrition programmes and home-based care for AIDS patients. The hospital receives financial support through the Salvation Army with other international charitable organisations donating funds, drugs and surgical equipment.



The Dental Department

Administration

Patients arrive at the hospital and are treated on a first come, first served basis. After paying a small administrative fee of 3000 Kwacha (£1 is approximately equal to K2000) they are seen by the medical clinical officer who is trained to recognise common medical signs and symptoms. Vital signs were taken (blood pressure, temperature, respiration rate and pulse). These were documented in a personal exercise book which the patient was expected to produce on all visits to the hospital. They would then, if further treatment was required, either be referred to the doctor, the dental department, or simply prescribed paracetamol and a regime of anti-TB drugs or antimalarial prophylaxis.

The number of patients that were referred daily to the dental clinic would vary from two to over twenty, opening at 8am to 4pm, Monday to Friday. This would depend on the weather, or if the patient thought they would be able to last the weekend with toothache, Mondays and Fridays being most busy. No weekend service was officially available.

Assessment

On arrival at the Dental department no further medical history was taken. A basic pain profile was obtained. Finally, they were asked to point at the offending tooth/teeth. Occasional translation from Tongan to English was provided by the dental nurse.

For examination, a dental mirror and a straight probe were used and the most common treatment was a local anaesthetic (LA) extraction. Radiographs for the

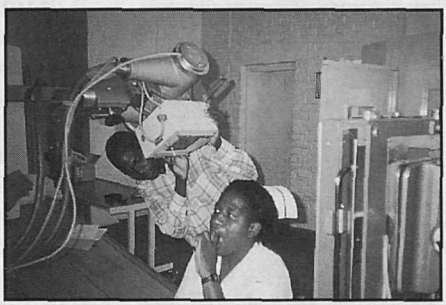
extraction were not routinely taken. All obvious clinical findings were noted in the exercise book using the 2 digit system to identify the teeth involved.

Available Treatment

Extraction was the treatment of choice for caries and advanced periodontal disease. Most carious teeth examined had cavitated making diagnosis easier, but occasionally early lesions were found. For restoring posterior teeth, amalgam was the material of choice with hand trituration having only recently been phased out following the acquisition of a Dentomat amalgamator. For anterior restorations, glass ionomer cements and chemically cured composites were used, although past their use by date.

Calculus could be removed using a new portable ultrasonic scaler in combination with handheld instruments.

Prosthodontics was limited to upper and/or lower partial acrylic dentures replacing up to six missing teeth with all the facilities of laboratory work available.



LCPA please ? apical pathology

Prevention, Oral Hygiene and Dental Health Education

The traditional Zambian method of oral hygiene involves the use of a chewing stick. Different roots and twigs were used in different areas of the country, being selected by flavour and texture. Mswachi obtained from the Mpundu tree was the most popular. This was used in conjunction with fine ash, sand, salt or soap.

The stick was chewed to form bristles and/or sharpened and used as a toothpick, the useroften solely concentrating on the buccal and labial aspects of the teeth. Toothpaste and toothbrushes were also widely available and implied raised social status in rural Zambia .

Once a week I accompanied the outreach team to local schools (up to a 3hr drive) to inspect the water supply, give health talks on cholera, vaccinate against TB and tetanus and dispense drugs. I took the opportunity to give a dental health talk which involved teaching the 7-18 year olds about the structure and function of teeth. The basic aetiology and symptoms of dental caries were explained together with how to avoid 'getting holes in your teeth', usually much to the amusement of the attentive children.

Radiography

Periapical and occlusal views were available on request at Chikankata. However, there was no dental x-ray set and the same equipment was used to expose the chest or abdomen as that used for a periapical of, for example, an upper premolar using the bisecting angle technique. After one exposure, the quality of the view produced could not be guaranteed, necessitating a second and sometimes third exposure. This led to difficulty justifying clinical benefit against the radiation dose experienced. Hence, radiographs were only used to locate the source of gross swelling or to find the tooth of worst prognosis.

The films were developed by manual processing using a series of solution tanks.

Dental Pain and Sepsis

The relief of dental pain and sepsis invloved the lancing of an acute buccal (or palatal) swelling, after application of topical anaesthetic to allow drainage.

The patient may then be prescribed a five day course of antibiotics (Metronidazole or amoxycillin) together with analgesics. Paracetamol was commonly prescribed with occasional restricted use of diazepam.

Dental Caries

With regard to dental caries, several potential aetiological factors were identifiable.

-Zambia has a large sugar cane plantation at Nakambala and sugar cane chewing is almost synonymous with chewing gum in the west.

-The Coca-Cola drinks company almost has a monopoly on drink distribution to rural areas selling drinks for 300-400K (less than 20p).

-Sweets and confectionery are given instead of small change after a purchase at local stores and cafes.

Due to the increasing availability of refined carbohydrates, dental caries was the most frequent dental complaint for which LA extraction was the only treatment option. This was performed at the same visit using elevators and forceps.

Post-operative instructions were given in Tongan and the patient was discharged biting on cotton wool for forty minutes and then instructed to commence hot salty mouth washes.

An air rotor and slow speed hand piece were used to remove caries and shape the cavities of a few early lesions. These were powered by a portable air compressor but no water coolant was available. Furthermore, the 3 in 1 syringe was often out of order.

As no radiographs had been taken, the true extent of the caries would only be discovered after use of the air rotor. Frequent carious exposures would be treated using a direct pulp cap of zinc oxide/ eugenol temporary cement. The patient would then be instructed to return for a review a week later, and depending on the symptoms, either a permanent filling was placed, or another tooth added to the bucket.

Pericoronitis

Pericoronitis and dry sockets are not frequent complaints in Zambia, and are treated in a similar manner to here at Guy's. Pericoronitis was treated using a heavily diluted Milton lavage followed by topical iodine solution application (purchased at a local chemist in England prior to departure). The dry sockets were again rinsed out and alginate wool was dipped in the iodine solution and inserted into the socket.

Prosthetic Dentistry

Upper and lower partial acrylic dentures could be constructed at the patient's request. An upper and lower alginate impression were taken and two models poured up in the plaster of Paris borrowed from the Orthopaedic department. The dentures would then be made using wax and acrylic teeth, invested in flasks, boiled out and packed with heat-cured acrylic. Divesting, trimming and fitting followed.

Patients were advised about denture hygiene repeatedly but there were many presentations of associated candidal infections. Antifungals were available but never prescribed.

Cross Infection Control

Cross infection control was recognised at Chikankata hospital. However, only one of the three central autoclaves functioned. This would operate twice daily for surgical equipment, dental instruments, cotton wool and sometimes even the latex gloves. The timing of this cycle presented problems due to the limited number of instruments available. Furthermore, the dental unit would only be occasionally wiped with surgical spirit and after use, instruments would be washed under running water and placed in a labelled pack to be autoclaved.

Victoria Falls

Known locally as Mosi Oa-Tunya, 'the smoke that thunders', Victoria Falls is the spectacular heritage site where the 1895m Zambezi River plunges 300 feet at the rate of 550 million litres a minute. The spray can be seen up to 20 miles away and is well worth the visit.

Acknowledgements

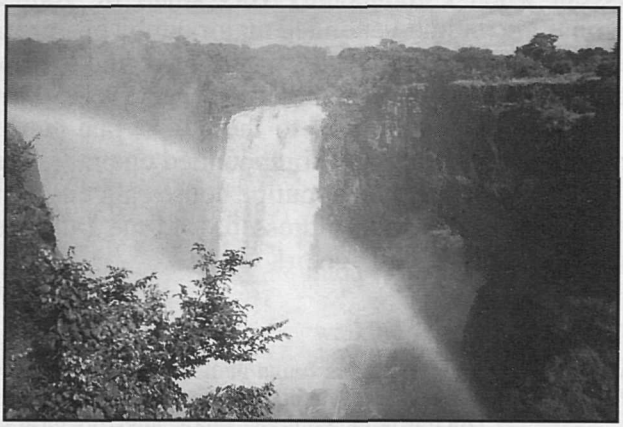
As part of my undergarduate training, the elective visit to Zambia provided me with an invaluable experience, and I would like to thank the following for their help.

Dr Dorren Dowd and Mr Micheal Mwanza of the Chikankata Hospital for the opportunity to visit their establishment.

Dr David Brown of Guy's Hospital for the financial support and opportunity to pursue this elective.

And finally, all those at Chikankata Hospital for their support and generosity during my visit.

Nathan Appleton
House Surgeon - Guy's



Victoria Falls

How to annoy your doctor!

'The case of mistaken identity....'

In the days when I wore suits and tried to look presentable, I was invariably stopped when shopping in department stores and asked where certain things might be found. It began to occur to me that there were certain disadvantages in dressing like the proverbial 'pox- doctor's clerk'.

As I grew older and began to fray around the edges, I moved towards comfort; except when I donned my very smart St. John's Ambulance Uniform. From time to time I attended major public events in this capacity - certain that my gleaming silver pips would be bound to impress Joe-public. My expectations were dashed when all I became was a glorified lavatory attendent, showing people the way to the bogs when their need became dire. But my annoyance was fully compounded on that fateful day when I was on duty for a colleague. Just a routine house call, one of many that day - and the young woman, scantily dressed, told me I'd have to be quick because she was expecting the doctor!

Author Unknown

This is another of many pieces of work found in the Gazette archives, waiting to be published. However, the identity of the author continues to remain a mystery. Any help on this point would be appreciated.

Phil Hammond Lives on....

'Morning doctor'

'Morning Mr Baithwaite. What can I do for you?'

'I'd like to be psychoanalysed please.'

'Mphphph....'

'Are you all right doctor?'

'I'm sorry. It's the central heating. So you want to be psychoanalysed?.'

'Yes.'

'Well, I'm sure that can be arranged.'

'By you.'

'Ah.'

'Now.'

'No.'

'Why not?'

'Well, for a start I don't have a Viennese accent. Or a beard. Or a couch. 'Frankly I'm offended by your pejorative Hollywood stereotype.'

'And also, I've only got six minutes per patient.'

'Well you could make a start.' 'Right....well....um...'

'You don't know how to do it, do you?'

'Haven't the foggiest. How do you feel about that?

'Oh, you're getting the hang of it now.'

'No, I wasn't trying to... '

'You must be a natural then...'

'Look, the thing is, I don't feel I can psychoanalyse you because a) I haven't been trained to do it and b) I think it's bollocks.'

'Oh dear. So you don't want to search for hidden meanings in my dreams and childhood memories?'

'Nope.'

'And you don't want to peel off the onion-skin layers of my unconscious repression?'

'Definitely not!'

'And you don't want me to transfer onto you?'

'You stay that side of the desk or I'll call security.'

'It seems to me you're quite closed and hostile.'

'What are you doing?'

'Since childhood, you've suffered a tremendous repressed jealousy of your father's sexual access to your mother.....'

'Look, mate, whether or not I'm a walking Oedipus complex is no concern of yours.'

'So you're familiar with Freud then?'

'Only enough to know he was no scientist. Most of his theories were pseudo-scientific rubbish. His experiments were on a handful of patients with no controls and he proved bog all. And there's no evidence that his psychoanalysis has any value in the treatment of psychological disturbance.'

'What about Bertha Papenheim?'

'What about her?'

'She was Freud's most famous patient. He psychoanalysed her, she had a cathartic reaction to her father's death and her hysterical symptoms disappeared.'

'She didn't have hysteria, she had tubercular meningitis. Her symptoms returned soon after seeing Freud and she died shortly afterwards.'

'I didn't know that.'

'Freud did. But he carried on blathering on about unconscious impulses and their subtle expressions.'

'Your stethoscope is a penis.'

'Absolutely. Now if....'

'But you haven't offered me any advice.'

'Stop ferreting around in the past, forget yesterday's emotions and concentrate on today's thoughts.'

'Carry on. I like that.'

'Learn to challenge and stamp out your automatic negative thoughts by seeing how unrealsitic and irrational your predicament is.'

'More, more....'

'This simple realisation will enable you to change your emotional state. Every thought you have affects your mood. So the more positive thoughts, the better you feel.'

'Brilliant. What's it called?'

'Cognitive behavioural therapy. It's truly a therapy for the nineties....'

'Can I have some of that then?'

'Not yet. I haven't finished Dr Raj's book. Try me in a week's time.'

'What do I do till then?'

'Um....Just hang loose.'

'Like a goose?'

'Like a postive thinking goose, with no repressed emotions.'

'That sounds great.'

'Doesn't it just.'

Phil Hammond

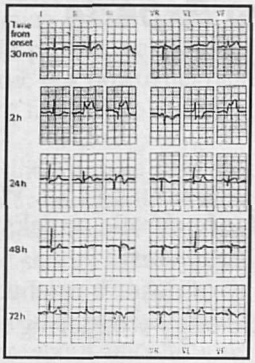
This article was reprinted from the Independent with kind permision of it's Editor. Further Phil Hammond banter can be found in his column published in the Independent on Tuesday.

A Conference between Experts

(MSS = MS Sufferer)

Exp. 1 - Let us all reconsider this problem.
Exp. 2 - Which problem?
Exp. 1 - The problem that is exercising us. How to define MSS. With all our expertise we have created a bunch of neurotic wrecks!
Exp. 2 - You mean all the possible, probable, likely stuff?
Exp. 1 - Exactly! There must be some other way of describing the poor buggers! They get so self-absorbed and edgy wondering if they are a likely or a possible or a definite.
Exp. 2 - Yes. I was talking to a probable the other day. She was quite certain she was a definite. I pointed out that she could still walk and was a probable - like it or lump it. She got quite upset about it.
Exp. 1 - So what do we do?
Exp. 2 - I know! Let's grade them. Numbers! You know, grade 1,2,3,4,5 etc.
Exp. 1 - What about asymptomatics then?
Exp. 2 - They can be grade 1 or la.
Exp. 1 - Well, what's Ib then?
Exp. 2 - That could be a possible.
Exp. 1 - No, make that grade 2. It's clearer.
Exp. 2 - What about grade 3?
Exp. 1 - Have that for probable.
Exp. 2 - But that seems to bring the likelies in at 4a
Exp. 1 - So what's wrong with that?
Exp. 2 - It makes it sound as though a likely already has severe MS. And we are saying we are not sure she even has it
Exp. 1 - Look, we experts are not that confused! We know what we are talking about!
Exp. 2 - I know that! It's the MSS who are neurotic.
Exp. 1 - Let's go back to the drawing board. What is MS?
MSS - See! The experts in this disease go round and round in circles. I'm not neurotic, just confused!

Jane Hallpike

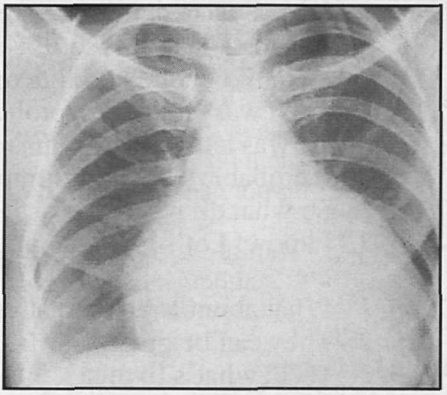


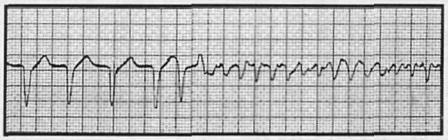
Question 2

What is shown in this x-ray and how would you manage it?

Question 1

What rhythm is shown in this ECG strip and how would you manage it?



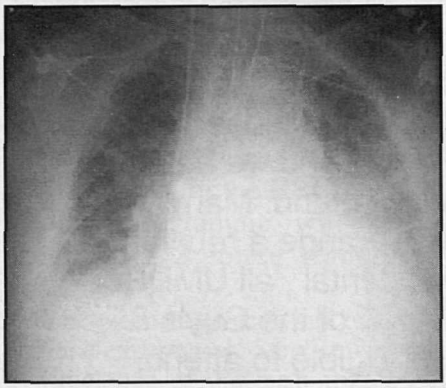


Question 3

What rhythm is shown in this ECG strip and how would you manage it?

Question 4

What abnormality is evident in this x-ray?



Question 5

What does this x-ray show?

These slides were provided by Mark Smith and remain his copyright.

Answers should be submitted to the Editor, c/o Guy's Gazette.
Winners will be announced in the June issue of the Gazette.

The Editors decision is final and correspondence will not be entered into.

1st Prize £30.00 worth of vouchers donated by Churchill Livingstone
or a set of golf balls donated by Coltene Whaledent
Please specify choice of prize on entry

Closing date 21st May 1998

Guy's Hospital

BIENNIAL DINNER

The next Biennial Dinner will be held at the Connaught Rooms on Friday 2nd October at 7pm. This will be not only the last Biennial Dinner of the century but also of the millennium and we hope that as many people as possible will attend. Many years find this a great opportunity to arrange a reunion. All Guy's graduates, medical and dental , all UMDS graduates and all consultant staff of the Guy's & St Thomas' Hospital Trust are eligible to attend.

Tickets will be £45 each to include wine and, as usual, a cash bar will be available before and after the proceedings. Would all those wishing to obtain tickets, please either contact me on 0171 955 4052 or write to me in the Department of Surgery, 2nd Floor, New Guy's House at Guy's Hospital, London SE1.

Martin Jourdan
Honorary Secretary
Guy's Biennial Dinner

Don't spit in my turn-ups.

Stephen Hancocks,
BDJ Books, London 1997
Price £10.95

Those who have fond memories of the 'Daddy and little boy' question and answer sessions that they used to listen to after supper on a Friday or tea on a Saturday, or both, if they wanted to laugh twice over at the wit of the writers for the BBC's 'Week Ending' programme, will feel at home with Stephen Hancocks' book.

In between an eclectic mix of dental practice experiences, Stephen was, for a while, one of the team that wrote those radio sketches. Now for the delectation of all he has assembled his 'View from the chair' pieces, which originally appeared in the British Dental Journal, into a smart, yellow book. In this collection of forty two short essays (which are just the length for reading on train, bus, tube or loo) Stephen Hancocks OBE, finds humour in the common-place occurrences of dental practice. Having read them all, this reviewer has been able to categorise them like dental materials.

For students there are pieces on first encountering patients, the joys of examinations and (later in life) class reunions. For those already in practice Stephen recounts the pleasures of being the 'school dentist', the pitfalls of treating friends, meeting patients in the supermarket and their ongoing demand for 'screw-in' teeth. However, his largest group of essays is on the trials and delights of practice. Satisfying the whims of the fellow members of the dental team features frequently, such as choosing the practice logo or the annual Christmas card, placing classified ads or making domiciliary visits. Even readers who are not practitioners will enjoy his scenes from life - the challenge of insurance policies, the cussedness of Christmas tree lights or the fun of amateur dramatics. As can be seen, there is something for everyone from Stephen Hancocks, **O**vert **B**ritish **E**ntertainer.

David Brown

Cardiopulmonary Critical Care

Third Edition
Dantzker and Scharf
Saunders Price £78.00
ISBN 0-7216 - 6543 - 8 pp 672

Cardiopulmonary Critical Care is aimed squarely at a specialised target audience: those physicians and anaesthetists to manage patients on Intensive Care and High Dependency units. As such, it is not a book to recommend to students. It is, however, a book that I can wholeheartedly recommend to anyone who wants a clear text on cardiopulmonary physiology and the management of severe cardiopulmonary disease.

The main obstacle that greets anyone attempting to penetrate this subject is the sheer weight of basic bio-physics and physiology that is required to grasp the basic principles, and the conversion of those principles into useful guidelines for the treatment of the 'real' patient. I am pleased to say, however, that this text discusses these principles clearly and in detail. Each section begins with a discussion about these basic ideas, and incorporates both the anatomical and physiological data and descriptions required to understand what follows. It is not, however, a book for the uninitiated. This I don't count against it. It is clearly a specialised text, and descriptions of basic respiratory and cardiovascular physiology are readily available in the multitude of medical physiology books.

The information is clearly laid out. Section I covers the basic physiology, section II the principles of treatment and section III specific pathological and disease processes and their management. This management section is detailed and descriptive. It is not, however, an algorithm for management, to be used during the acute event, rather it is a description of the important treatment principles, useful for review prior to being needed in real life. The information is well referenced and up-to-date. Books such as this always suffer from the onward march of research as well as local foibles in management of critically ill patients, but most of the important information is at hand.

I would liked to have seen chapters on the management of cardiopulmonary complications of hepatic and renal disease, but this is probably an unfair gripe. The text does what it sets out to do well and with clarity, and there is little here to complain about.

Geoff Smith
Specialist Registrar in Gastroenterology
and Internal Medicine

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Margaret Fendick - Shop Manager

Lecture Notes on Clinical Pharmacology

5th edition
J. L. Reid, P. C. Rubin & B Whiting
Blackwell Science £14.95
ISBN 0-86542-665-1

The 'Lecture Notes' series of books has become the bedrock of many a medical students over the last 10 years. They have a reputation for clear, concise texts covering all fields of medicine. A textbook on clinical Pharmacology does, however, have to be readable and concise to maintain the interest of the average student, for whom the subject is a necessary evil rather than a first choice for bedtime reading.

The first thing that strikes the reviewer is the contrast between the bright rainbow cover and the drab shades of grey interior. This interior, however, is clear and concise, with brief but complete explanations of pharmacokinetics and pharmacodynamics and appropriate illustrations to aid interpretation of the text.

The text covers the basic principles well, with little excess information and clear explanations of some of the more technical aspects of drug-patient interactions. The remainder of the book comprises a chapter by chapter run through the important physiological systems and the drugs which are utilised within these systems. Each section is prefaced by a look at the important physiological variables and the modes of action of the drug groups before launching into sections of each drug. Again the data is clear and concise.

The text culminates in sections on drug toxicity and abuse and drug interactions. The authors have produced a short text of clinical pharmacology which will no doubt be successful due to its genealogy and its concise clear nature, Apart from the lack of colour, and the tranches of text from which all books on this topic must carry, I can find little to criticise. The important information for any medical student is present, and as an introduction to a topic with much basic science at its heart, the book excels. Its main failing, as with most medical texts and certainly pharmacological texts, is that it will always be out-of-date by publication. As the drug companies introduce more and more substances, the medical profession struggles to keep up. This book is, however, as up-to-date as one can expect, and is ideal for medical students looking for an introduction to the subject.

Geoff Smith

Medical Nutrition and Disease

Morrison & Hark
Blackwell Science £25.00
ISBN 0-86542-491-8

Nutrition has become one of the fastest growing areas in general patient care in the UK. Specialist nutrition units exist in most hospitals, their role expanding as the realisation that good nutrition is vital to patient recovery.

This American book covers nutritional assessment and the nutrition problems related to specific medical problems. It is arranged in a system by system format, with case questions and self-assessment sections dotted throughout the book.

The book is targeted at students rather than practising doctors, which is a pity as it would cross over well to the medical profession at large. It would, however, need to lose the self-assessment sections, which intrude into the text and break up the flow of information.

This book suffers from being too education orientated. There is a clear taste of Medical Education Psychology left after reading it, with all the old standards for increasing the amount of retained information included. Unfortunately, rather than adding to the usefulness of the book, it detracts by stifling the useful information and disguising it in questions which the reader may well overlook.

All of this is a shame. There is a need for a clear and concise guide to medical nutrition for medical students and junior doctors, encompassing dietary supplementation, enteral and parenteral nutrition. This book does not quite fit the bill, and the Americanisation (esophagitis and diarrhea) only serve to aggravate this reader.

Geoff Smith

Oral Medicine

Wray D & Gibson J
Churchill Livingstone Price £12.95
ISBN 0443053014

This book is a good self-assesment manual, for use by students who wish to test their depth of knowledge in clinical oral medicine.

It contains good quality pictures, interspersed with radiographs, and offers the full range of common conditions, as well as those less so.

Compared to other similar publications in oral medicine, this book tends not to give much background history, with each photo, making it more of a 'spot diagnosis' exercise. There is also very little in the way of microscopy, again limiting. It does, however, benefit from an index of conditions, allowing the book to be used as a reference guide, to fill in the gaps students might have after their brief spell on oral medicine clinics.

Wassim Slim

KEEPING NURSES

Recently I asked a Senior Nurse Manager what she thought was the most important issue facing nursing today. Her immediate response was, 'recruitment and retention'. I asked about pay and although there is some concern about this, it is not top priority.

Recruitment is important because, without enough staff in the first place, how can the NHS provide any sort of service to patients? Firstly there is recruitment to training. The standard of education demanded before students can even be considered for training is higher than it used to be. Thus there are other opportunities available to young people who have the academic qualifications to enter university, similar to nursing entry requirements. Many may think twice about a career in nursing unless they have a strong dedication to nursing!

Thus, the fewer young men and women that enter nursing training, the fewer there are seeking posts for junior qualified staff. It is still true that less than 10% of nurses are male. There are many more attractive careers, with better pay, that most men will look at before they consider nursing.

Secondly, once trained, as most nurses are female, and are likely to have children at some point, what happens then? Whatever one's view about child-rearing and the part fathers should play, it is women who will bear the children, and want leave. The creches provided in most hospitals are mainly only open during the hours that would suit office staff. More flexibility is needed, if a 24 hour service, which nurses provide, is going to be successfully maintained, and their children properly cared for. Many nurses have to juggle home life with work: there is some hint that Mr Dobson is looking into the flexibility needed to provide good all round cover. The alternative, which so many patients rightly complain about, is the agency nurse who works a shift, knows little or nothing about a ward or department and its patients, then goes home, never to be seen again.

Another aspect my nursing management friend discussed was the lack of clear career pathways for nurses, and poor support from management. We all recognise the need for continuing education in nursing; the science of care progresses rapidly, and we need to keep up-to-date. But while this is to be demanded under PREP (Post-registration education & practice), and will benefit Trusts, there is often little sign that they are prepared to make a commitment to their staff. The practical need is the provision of time and the money to set up appropriate courses. It is short term thinking and budgets that stop Trusts from making this provision.

At the moment, PREP looks like a threat: whereas, in reality, it should be a prop to help nurses make themselves

better in post and better for their own development. Clinical supervision is one road toward this.

Clinical supervision, where peers discuss and comment, is useful. But it takes time, and there must an adequate timetable if it is to work properly. In counselling it is a 'must': so it should be in nursing, which in terms of patient contact, understanding and care, carries many similarities to counselling.

Pay was put low down on the agenda but it cannot be ignored. This year, despite a change of Government, the annual pay rise for nurses has once again been phased in two parts. This lessens its value, and comes as a surprise, for compared with just a few years ago, there is once again a shortage of nurses. If the rules of the 'market' are to apply, nurses should be given a better pecuniary award. The present drain on nurses and the stress of the job can only increase without some pay improvement. Thus recruitment, and the retention prospects should become competitive with other professional offers. The end result of low pay can only be detrimental to the nursing profession and inevitably to the patient. Indeed, anyone who has had a conversation with a patient newly out of hospital will be aware of a recurring theme. Most patients are full of praise for their nurses, but highly critical of the conditions under which they labour.

Denis Cobell

Gazette

Internet Home Page

The Guy's Gazette is now available to all on the World Wide Web! Articles from the monthly journal can be found at the address below, as well as links to other medical and dental related sites.

http://www.umds.ac.uk/guys-gazette

You can also e-mail us at:

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Rugby

Courage League (London 3 South West)
Guy's St Thomas 1st XV
v
Old Alleynians Away
Result: Lost 17 - 27
9th January 1998

Over the last few years, Guy's have had a very good record against Old Alleynians who currently are unbeaten in the league whilst Guy's / St Thomas's are in mid-table. However Guy's and St Thomas's were putting out one of their stronger teams of the season and were hopeful of good performance. In fact, they scored first with a good rolling maul down the centre of the pitch, OAs were penalised and Davies converted the penalty. However Alleynians immediately hit back with a converted try under the post when their stand-off bamboozled the defence and a penalty when ironically Guy's were penalised for dangerous play in the tight, when the opposition front row were lifted off the ground. In fact this could be interpreted as a tribute to the solidarity of the Guy's scrum and a clue of how to play the game taking it to the opposition forwards. Another penalty to Old Alleynians and the score was 13 - 3 against Guy's which was the half-time score.

Guy's welcomed Ugo Ekowa onto the wing for his first game of the season. With about his second touch of the ball he scored when Neil Davies chipped to the corner but not before Ekowa had been obstructed within the dead ball area and clearly a penalty try should have been given. Nevertheless the try was converted magnificently from the touchline by Davies to take the score to 13 - 10. At this point Thorpe was off, injured with a broken nose and Guy's were ruing the lack of points from the pressure they had put onto Alleynians just before half-time. Guy's then scored the best try of the match with the forwards driving the ball up the left-hand side of the field winning the ball on 3 or 4 separate occasions before releasing the ball to the backs and enabling Ekowa to stroll over near the posts for his second try.

This took the score to an exciting 20 points to 17 to Old Alleynians with the hospital clearly having the better of the play. However as Guy's were pressing for the final score the opposition secured an interception and raced away to make the final score a slightly unrepresentative 27 points to 17 loss.

At the final whistle instead of a feeling of satisfaction that the side had played well in many areas, there was immense disappointment as the side knew that this was a game they should easily have won. There seemed to be a lack of the killer instinct at crucial times and from the touchline it seemed that a fractional increase in commit-

Guy's Hospital RFC
Reunion Ball
at
Glazier's Hall
London Bridge
Saturday April 25th
Double tickets £100
available from
Mr Toby Edwards-Lunn
Telephone 0171 2521375
and Dr T Gibson
ext G4310

ment could have brought the side an easy win rather than a narrow loss. Nevertheless, it should be remembered that it is a tribute to the skill of the side they should be in a position to indulge in such disappointment. Good things from the performance were that the pack looked absolutely solid in the tight and in the lineout. Thorpe and Wood took all their possession and much of the opposition's strike-force. Our famous rolling balls made a re-appearance in this match and in the backs Ekowa will provide a useful strike force as evidenced by his two tries.

S J Challacombe

Guy's & St Thomas's 1st XV
v
Jersey
Courage League
London 3 South West Hop
16 January 1998
Result Draw 16 - 16

This was a cracking game of rugby. After the previous week's performance against Old Alleynians when Guy's never got out of second gear this was a refreshing performance. The Guy's forwards were showing real commitment and spent long periods of time in the opposition half. Unfortunately mistakes in the last five yards meant that Guy's could not convert this effort into points and Jersey managed to clear their line time after time. Unfortunately the first score came to Jersey when ironically Guy's made a mistake in their own 22 and Jersey interception allowed them to score an unconverted try. A penalty by Steve Morgan took the half-time score to 3 points to 5.

It was Guy's turn to play against the wind in the second half and they conceded two penalties before Jersey drew ahead with a further try scored in the corner and Guy's were 16 - 6 down. A third penalty by Morgan took the score to 16 - 9 before the ball was eventually passed down to Ekowa who outstripped the defence in his normal manner and ran in behind the post for a converted try. A score of 16 all heralded a frantic last few minutes of the game. That remained the final score.

This was a much better performance especially by the pack and Davis was outstanding. The hospital looked very solid in the set piece, both scrums and line-out, and rucking was much improved. However there was clearly room for improvement in the third and fourth phase play. Guy's have been able to introduce some new players to the side who acquitted themselves well.

S J Challacombe

Guy's 2nd XV
v
London Scottish
HOP 16th January 1998
Won 31-11

Guy's 2nd XV entertained London Scottish on the first team pitch immediately after their game against Jersey and welcomed back a number of players who, with the Hospitals Cup in mind, have found a new enthusiasm for training against what looked at first sight a much bigger and more slick London Scottish side. Guy's played extremely well and with much enthusiasm to arrive at half time with a lead of 12 points to 11, the try having been scored by Adee.

However, in the second half Guy's really began to run the ball with flair with Edwards-Lunn, Challacombe and Adee racing over for tries to take the score to 31 - 11. The team, which has a backline with an average height of 5'4", belied their height with some crushing tackles at outside half and at centre with John Davies.

Team: Clinton R, Jones D, Medas T, Challacombe B, Elias R, Burton L, William A, Das P, Murphy J, Edwards-Lunn T, Adejunon A (Capt), Morgan P, Davis J, Darwish S, Reading S. Scores: Tris Adee (2), Edwards-Lunn, Burton L, Challacombe B, Reading S (3).

SJC

Women's Football

Goldsmiths
v
UMDS March 2nd 1998
Result: Won 6-1

This match was another great triumph for the UMDS football girls who love being on top! The girls who are currently at the head of their league, performed stunningly in a match of high passion and skill. Goldsmiths played courageously in the face of obvious defeat showing at times brilliance that amazed us all in the ball skills department.

The first half put us ahead by three goals, although it should have been more as Vanessa took many excellent shots from the wings that were saved by the goldsmiths keeper or on the line. She scored, as did Claire F and Katie. Katie made another great attempt at a shot when the ball came flying towards her, and in pure football spirit, as she leapt up to header the ball....only to find it hit the crossbar. Nevertheless, we credit her for the great attempt!! In the second half we produced three more goals, Helena who came on at half time produced two of them and Sally (solid defender) scored the last great goal when Chatsuda, who played midfield did a great job of keeping the ball. She was constantly open to receive it and fought to get when Goldsmiths tried to challenge. The goal that we let in was out of sympathy! We knew that win-

ning the match would keep us at the top of the league, so we played with all our enthusiasm, and in the end we were pleased with the result. If all turns out well, the team will shortly be promoted and then we'll show the UL league who really is running the show. Team: Clare F, Helena, Katie, Sally, Vanessa, Mel Walsh, Racheal, Hema, Clare S, Renal Patel, Jane F and Chatsuda.

Melanie Walsh & Renal Patel

Since writing this report the football team has been promoted to the premier division!

UMDS Boat Club

What better way to spend Valentines day than getting up at 7.30 to travel to Mortlake for a race, especially when it was not quite warm enough for sitting around in a sleeveless short lycra to be appealing. The event was the University of London Head Race, an event well attended by colleges of the University of London and other tideway clubs: competition as such is therefore of a good standard.

The girls, being over enthusiastic, had planned for a pre-race outing and were on the water for about 9am. After totally tiring ourselves out we came back for tea and doughnuts (recovery food) before putting on our wet wellies again in order to wade sewage to put our boat on the water for the race. The boys were more (over!) confident and went out to race without a morning practice. In head races, the crews set off one after the other with one and a half boat lengths in-between. They are timed between the start and the finish, rather than racing side by side. Hence it is not possible to know how well you've raced until the times are published. UMDS were victorious. The women's first VIII, men's first VIII and junior crews all won their events, which was a wonderful achievement as UCL normally sweep the board.

The following weekend it was the United Hospitals head race. This was unfortunately slightly longer (rowing between the pink house and Chiswick bridge for those who know the landmarks). The competition included a crew of Imperial, Charing Cross girls, who were the most worrying of the competition, but without cause - our girls were victorious by over 16 seconds which in a 16 minute race is a convincing win. The men's freshers and the girls 2nd VIII also outpaced their competition to claim the medals!

Virginia Rootkin

Stephen Pascoe Johns

BDS (Lond) FDSRCS (Eng)

Stephen Johns died suddenly on 15th December 1997. There was a large congregation at his funeral service in Westbourne, many had travelled long distances.

He was born in London on 12th April 1923. He was educated at St Paul' School and entered Guy's Hospital Dental School in 1942 qualifying with the BDS degree of the University of London in 1947. In his last year as an undergraduate he was elected Secretary of the Dental Society and organised an interesting programme of speakers. After qualification he was appointed to the prestigious position of House Surgeon to Kelsey Fry, later Sir William Kelsey Fry. It was this appointment that stimulated his interest in Oral Surgery.

His National Service was spent in the RAF and he enjoyed his posting to the Canal Zonein Egypt where he met up with some Medical contemporaries. After demobilisation he went to the Eastman to study for the FDS which had been introduced in 1947. He passed the final examination in 1951. He returned to Guy's as a part- time Registrar working in the Consultant Clinics from 1952-1956. The balance of his time was spent in practice first as an assistant until he opened his own practice in Ickenham in 1954. His reputation as a caring and skilful practitioner meant that he rapidly built up a very busy practice but to the detriment of his own health.

He was a contemporary and close friend of the late Professor Tulley and in 1960 he became clinical assistant in the Orthodontic department at Guy's and took part in a longitudinal study by taking cine films of children to show how the face developed over time. This was a unique study and received widespread acclaim.

Stephen's organisational skills were used to the full when he helped to organise the Third International Orthodontic Conference held at the Royal Festival Hall in 1973.

In 1976 he sold his practice, much to the regret of his patients, and joined the referral Service at the Department of Health. To this appointment he brought a wealth of experience from his days in general practice. He always saw his role as being independent of either the practitioner or the Dental Estimates Board as it was at that time. It was during this period that he was appointed Secretary of the 1st Nuffield Enquiry into Dental Education (1978-1980). It was his responsibility to collect much of the factual information in the report and he participated in the writing of the report itself.

He retired to Westbourne in Sussex in 1986 where he immediately became involved in local activities which included contributing news of the Parish to the local Newspaper. He was joint

Editor of the Parish Magazine and computerised its production. His editorials were very erudite and contained many quotes from English literature. He was an Official Guide in Chichester Cathedral and for eight years was responsible for reproducing tapes for the Chichester Area Talking News. Stephen was someone of innate enthusiasm for whatever task he set himself. He will be greatly missed not only by his family but by a wide circle of friends both inside and outside the profession.

He married Margaret Cook in 1953 and to her, his four children and six grandchildren, we extend our deep sympathy.

AH Rowe

RS Wells

R.S. ('Charles') Wells was born in 1928 in Miri, Sarawak, but the family moved back to this country just before the second World War. He received his medical training at Guy's Hospital Medical School, and after house appointments, did two years National Service in the RAMC in the Canal Zone. After the Army, and after further house appointments, he passed the DCH and subsequently, the MRCP (Edin.) and the M.R.C.P. (London). After some time at the Population Genetics Research Unit in Oxford, he obtained the MD by Thesis. While a lecturer at St. Johns Hospital for Diseases of the Skin, he was awarded a University of London Fellowship to work with Professor Victor McKusick at the John Hopkins Hospital, Baltimore, USA. Shortly before going he was appointed a Consultant Dermatologist at Guy's Hospital and, after he returned, a Consultant at St. Johns Hospital.

Some years later he was appointed to the staff of the Hospital For Sick Children, Great Ormond Street, where he was able to combine his chief clinical and research interests: in Dermatology and Paediatrics. His research interests were wide and he published more than one hundred papers, latterly confined to genetically determined disorders of the skin. At St. Johns he ran the first clinic devoted to genetic counselling for skin disorders. With other authors he produced the original descriptions of a number of diseases, including X-linked Ichthyosis and Familial Chronic Muco-Cutaneous Candidiasis. He also raised funds to create a skin research laboratory in Guy's Hospital.

Although he did some teaching at the Postgraduate Institutes of Dermatology and Child Health, his chief interests were with the students at Guy's Hospital. His emphasis was on making the students learn for themselves and he raised money to make the Dermatology Section of the Medical Museum at

Guy's the most modern in the country with many teaching aids available. The 'teaching laboratory' to this day continues to attract many visitors and academics.

He was always anxious to improve the departments where he worked. At Great Ormond Street, there was no full-time paediatric dermatologist when he started, but when he left there were two. For a year he was President of the Dermatology section of the Royal Society of Medicine. He was President of the Dowling Club and of the St. John's Hospital Dermatological Society. He was also Clinical Director of St. John's and a Trustee of the Dunhill Medical Trust. He believed in and adhered to the principle that no committee should last for longer than an hour. An ideal Trustee, he was well informed and supportive with a great sense of humour.

RS Wells

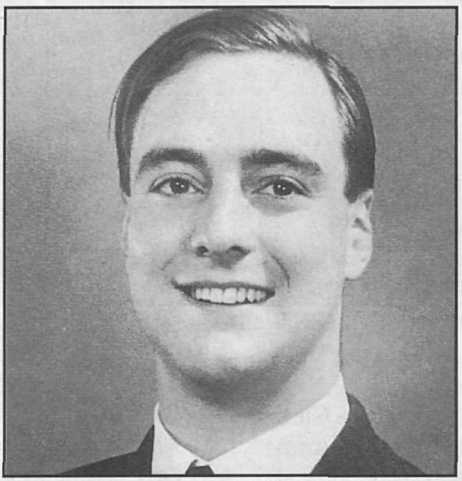
Charles thought of himself as benign and easy to work with which was undoubtedly true. Morever, he was unstintingly supportive of colleagues in their aspirations and ambitions. His great contribution to dermatology is best reflected by the large number of his former students and registrars who now hold NHS consultant or academic positions in UK Dermatology. He was not interested in medical politics but worked selflessly to raise money for dermatological activities, particularly those that would benefit teaching or research. Despite this, Charles was essentially a modest man who asked little for himself. He will be remembered with great affection by two generations of Guys and latterly, UMDS Medical Students and by many dermatologists as a teacher, researcher and as a generous and congenial physician. He was held in great respect by all those who worked with him. He was unmarried.

RJH

Michael John Fawcett

March 1930 - January 1998

Michael Fawcett was born on 18 March 1930, near Pickering in Yorkshire. After attending St. Bees' School, he entered Guy's Hospital Dental School in 1947, obtaining his LDS in 1952. Whilst at Guy's he met and married Angela Fooks who was the first female house surgeon at Guy's, whom he married in 1953. He continued at Guy's as a house surgeon before joining the Navy. There he saw active service in Korea, and was posted to Hong Kong in the late 3950s. He left the Navy in 1960, and joined a practice in Devizes, Wiltshire, with Angela. Following her untimely death in 1968, he continued in Devizes until 1974, when he moved five miles to a single-handed village practice within the grounds of his house, in Urchfont. He continued there until he took early retirement due to ill health in 1983. Following this he did voluntary car ambulance driving, and then moved up to Kendal in 1988, where he remained until his death.



Michael John Fawcett

Michael was a superb dentist, who was much admired and respected by patients and staff alike. Perhaps the greatest testament to his work was that when he moved his practice to Urchfont, the vast majority of his patients elected to follow him there in spite of the extra travelling involved. After his death, one of his patients wrote that he made going to the dentist a pleasure. In spite of occasional frustrations, he was thoroughly committed to the NHS having worked in it almost from its inception.

Outside his work he had a number of interests. He adored his family and perhaps his fondest memories were of staying in his beloved North Yorkshire, or caravanning in the New Forest. Later he developed an interest in boats and spent several years enjoying his cabin cruisers on the Thames, and he become an avid supporter of Henley Regatta. For the last

ten years, increasingly burdened by psoriasis, he travelled oversees to seek refuge in the sun. He particularly enjoyed naval destinations such as Malta and Gibraltar. Another passion was cars: he used to borrow his fathers Rolls Royce as a student and park in the consultants car park at Guy's. He owned an Alvis for many years, but his pride and joy was the restoration to mint condition of a 4 litre Bentley. Michael was also an avid supporter of the institutions that shaped his early life: St Bees' School (where he was President of the Old Boys from 1986-88), Guy's Hospital and the Navy.

Without doubt, the turning point in his life was the death of his first wife Angela, in1968, whom he missed terribly. He married a further three times, and leaves a widow, Melanie, and four children, Jane, Peter, William (also a Guy's Man) and Mary.

WJF

Dr Michael Colin Shannon

CBE, MBBS, LMSSA, MRCGP
Guy's 1950 - 1958

Colin Shannon was educated at Whitgift School. He then carried out his National Service, being commissioned in the Royal Armoured Corp and spending much of his time in Egypt. He was accepted at Guy's Hospital Medical School in 1950, qualifying in 1956 with both his degree and his licentiateship. His pre-registration house appointments were all at Guy's A.H.P -Hampson; Front Surgery; H.S.- Wass. He subsequently stayed on as Resident, Nuffield House. Colin chose to take up general practice and after training went, In 1959, to rural East Suffolk where he remained until his retirement in 1992.

Colin's achievements outside his general practice were considerable. Early on he became involved in local government, becoming Chairman of the Deben Rural District Council in 1971 for its last three years. At that time he was working closely on plans for a new local authority - Suffolk Coastal District Council - and was elected its first Chairman in 1974. In his combined capacity as doctor and councillor, Colin represented Suffolk on the Association of District Coun-

cils and was then appointed to the Health & Safety Commission in London, representing local government in England and Wales for 13 years. His outstanding work as a Commissioner was recognised by the award of CBE in 1988.

Colin retired from practice in 1992 to take up his interest in watercolour painting and to enjoy more time in France, a country he loved. At home, his activities in his local church, where he was church warden for many years, were important to him and he was elected onto the Deanery & Diocesan Synods becoming Deanery Lay Chairman. Keen as ever, he made a point of worshipping at each of the churches in his Rural Deanery.

In addition, Colin was an active mason, rising prominently in its hierarchy both in London & Suffolk. In 1959 he married, Pat (nee Goldsworthy) who together with his father, four children and grandchildren, survive him.

David Parriott

Robert Henry Stewart Thompson

CBE, MA, DSc, BCh, FRS, FRCP, FRCPath

In the years immediately before the outbreak of war in 1939 there was much apprehension in defence circles about the use of chemical and biological weapons especially the use of poison gas against both military and civilian personnel. Of the gasses then available, it was Lewisite which was most feared.

Robert Thompson was then medical fellow and tutor at University College Oxford, and demonstrator in Biochemistry in the university. He designed a drug (British Anti Lewisite, BAL) and synthesised what proved to be a most effective remedy in animals exposed to Lewisite. This was the first 'designer' drug and a remarkable intellectual achievement 60 years ago. In the event poison gas was not used, but BAL became the standard treatment for a rare neurological disorder (Wilson's disease) and the first effective remedy for any of the degenerative diseases of the central nervous system.

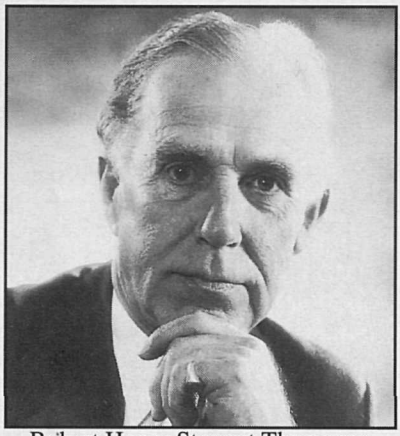
Robert Henry Stewart Thompson was born in 1912, the son of a doctor. He attended Epsom College where his great academic abilities were first manifest. He entered Trinity College, Oxford as Millard Scholar in Natural Sciences in 1930, and graduated BA with first class honours in physiology, winning the Theodore Williams prize and the university scholarship to Guy's Hospital Medical School in 1933. He graduated BM BCh at Oxford in 1937 and was awarded the Gillson Scholarship in Pathology of the Society of the Apothecaries of London.

In 1938 he returned to University College Oxford as demonstrator in biochemistry and it was here that he developed BAL, for which he was awarded

the Radcliffe prize for medical research in 1943.

In 1944 he was commissioned into the RAMC, as a Major, and served in Australia, New Guinea and Marotai, continuing to work on the defences against chemical weapons.

After demobilisation in 1945 he returned to Oxford, and was appointed Dean of the Medical School; the youngest Dean ever. In 1947 he became the first Professor of Chemical Pathology at Guy's, and remained in the Chair until 1965, when he moved to become director of The Courtauld Institute of Biochemistry and Professor of Biochemistry at the Middlesex Hospital Medical School, where he remained until his retirement in 1975. During these years he published many papers on neurochemistry and in 1965 was awarded the Jephcott Medal of the Royal Society of Medicine.



Robert Henry Stewart Thompson

In 1966 he became a member of the Defence Scientific Advisory Council and in 1968 Chairman of the Chemical Defence Advisory Board. In 1973 he was appointed CBE and in 1974 was elected to the Royal Society.

In 1966 he became President of the Association of Clinical Biochemists and from 1958 to 1964 was Honorary Secretary of the Royal Society of Medicine; from 1958 until 1962 he was a member of the Medical Research Council. In 1969 he became Chairman of the Veterinary Panel of the Wellcome Trust and from 1978 to 1982 he was Deputy Chairman of the Trust.

He was a Governor of Epsom College in 1982 and served until 1995; from 1982 to1985 he was President of the Old Epsomian Club. On the day of his cremation the school honoured its illustrious old boy by flying the flag at half mast, a rare distinction

He married Inge Gebert in 1938, and they had three children, James, Caroline and Victoria; they celebrated their golden wedding in 1988 with many friends and five grandchildren.

Although of formidable intellect he was the kindest and the most loveable of men and truly humble. He was regarded with deep affection and gratitude by a host of his students and research fellows, with whom he maintained stimulating~and cheerful contact over the years. He died peacefully at Guildford on January 16th, 1998.

Charles Joiner

CLASSIFIED AND ANNOUNCEMENTS

Welcome to our New Subscribers!

Micheal E Robinson
Helen Griffiths
CP and AL Whitfield
GG Dodsley
Miss Jo Howden
Ann McHugh
Anthony Arthur Forbes
David G Stone
MS Broadbent
Miss Susan Wilson
Dr Robert T Dowel
Miss PJ Mainwaring
JM Bowen
DP Jacobs
R Brown
Mr John Ballentyne
Mr Bruce Wooster
Miss Manni Buttar
RJ Barker
Mr Trevor Barnes
Mr Tighe Seagan
RMH Phillip

January Winner

The winner for the January Quiz was Nazan Adali, a dental student currently studying for a BSc in Immunology.

Congratulations!

The answers to the January quiz can be found on page 10.

Psion for Sale

Psion Series 3a as new, boxed, manuals and printer cable. £120.

Contact Dr O'Brien Guy's
Ext. 4499

Back Issues

Back Issues of the Gazette are obtainable from the Gazette Office at a price of £2.00 each.

Contact Margaret Flanders for more information.

Dental Society Lecture

Thursday 30th April

Dr Harry Preiskel

Leading Prosthodontist/ Implantologist & Flying Dentist

'Wings of Youth'

5.15pm Tower Lecture Theatre

£33,000 AND A GUARANTEED JOB. THIS MAY BE THE LAST EASY DECISION YOU WILL HAVE TO MAKE

If you are within 3 years (or less) of graduation you may wish to consider Army Sponsorship. The Royal Army Medical Corps (RAMC) offers cadetships to suitable candidates. Medical school tuition fees are paid by the Army and cadets receive a salary which averages £11,000 a year. There is no military commitment during your undergraduate years - that comes later - unless you want us to to arrange your electives and clinical attachments.

If you are interested in being a doctor in the Army for 6 years, following full GMC registration, why not let the Army invest in your education and training now. To find out more about the RAMC and the cadetship scheme drop us a line and attend one of our monthly familiarisation visits.

Why not let us help you plan your future if only in the short term.

ARMY
OFFICER

BE THE BEST

For further information, including details of the RAMC, the cadetship scheme and salary rates, write to Colonel AP WILLMAN or Captain C CHAPMAN RAMC, Officer Recruiting, Regimental Headquarters RAMC, Keogh Barracks, Ash Vale, Hants GU12 5RQ. (Quote *UMDS/98*) An applicant must be a UK citizen, pass a medical and successfully appear before a Selection (interview) Board before a cadetship may be awarded.

The Army is committed to Equal Opportunities.
E-mail: rhq.ramc@clara.net
http://www.army.mod.uk

WHO NEEDS FRIENDS? *WE DO!*

Why not become a member of the Friends of Guy's Hospital?
The Friends are a registered Charity,
whose origin dates back to 1895.

The Friends provide amenities and equipment which the hospital is not able to provide and it supports research. The Friends run a shop in the hospital grounds selling flowers and other items as well as a Trolley Shop to the wards. Volunteers who provide this service find it very rewarding. They need and welcome anyone who wishes to join them.

It is easy to join the Friends. You do not need to be an ex-patient, although many of our members are. The minimum subscription is £1.00 a year but EXTRA DONATIONS are greatly appreciated. Cheques and postal orders should be made payable to "The Friends of Guy's Hospital" and should be sent to: The Secretary, The Friends of Guy's Hospital, Guy's Hospital, London, SE1 9RT. (Tel. 0171 407-1058). Contact the Secretary if you require information regarding DEEDS OF COVENANT or LEGACIES.

In recent times we have provided grants for:

- Support for the Nurses League Journal.
- Toilets for the disabled, Department of Genetics.
- Flowers for the Chapel.

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

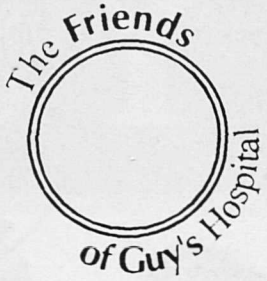
GUY'S HOSPITAL, MEDICAL & DENTAL SCHOOLS

Gazette

Wills Library

May 1998

- Queen visits Guy's
- Guy's vs. St. Thomas's
- Rag Week 1998



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In recent times we have provided grants for:

- Cubicle curtains for 9 wards in New Guy's House.
- Grant to the Guy's Gazette for upgrading of equipment (for desktop publishing).

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

GUY'S Gazette

UMDS Guy's
15 JUN 1998
Wills Library

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Passim

For many months now (or does it just seem that long) the Editors passim has revolved around the on-going saga of the Kings merger, spiced up at best with current affairs opinion.

Well, times are changing, from now on the Passim will be dedicated to alternative topics of interest and before I am besieged, I know this defies the dictionary definition of passim. However, since reaching this monumental decision I have realised why the passim trend has been as such. Inspiration does not come easy and has certainly not come easy to me. I'm hoping that my Editors block is only temporary and am attributing it to that time of the month - exams.

Anyhow, in light of the forthcoming quizzes I must excuse myself from a passim this month and have passed responsibilty for this over to the Chairman of the Gazette, Professor Challacombe. Not only has this helped me out of a sticky spot but has also highlighted the need for 'guest' passims, for the readers to air their views on matters close to their heart (in Prof's case, rugby).

So here it is, read and enjoy!

'The news that the Guys & St. Thomas's Rugby football Club has been deducted 24 points for administrative errors during the rugby season, thereby taking the club from a position of equal fifth in their league to automatic relegation raises a number of issues fundamental to the support of student activities in the new GKT. Is it reasonable that responsibility for detailed bureaucratic and sometimes petty administration required in the new league era of rugby union should be the responsibility of inexperienced student officials whose lack of enthusiasm for administration is legendary? Alternatively, should the shouldering of responsibility be an integral part of educational and social development at GKT? Should there be full time officers for the United Clubs paid for out student funds who will handle this sort of administration for them? It has been reported that after administration about £65 per head is spent on student activity at Guys and St. Thomas's compared with only £6.50 at Kings College. The difference is largely because at Kings most of the student money goes to pay full time officials and the sabbaticals of student presidents. Is this the best use of student funds? It is for them to decide. Presumably the administration of student activities and sporting sides should be much more efficient at Kings to account for this difference!'

QUOTE OF THE MONTH

Examinations are formidable to us all, but remember, the greatest fool may ask more than the wisest man can answer.

EVENT OF THE YEAR

GUY'S HOSPITAL DENTAL SOCIETY

presents their

ANNUAL BALL

Grosvenor House

31st October 1998

Watch this Space!

Recognition at Last!

Dear Madam,

How to Annoy your Doctor
March 1998.

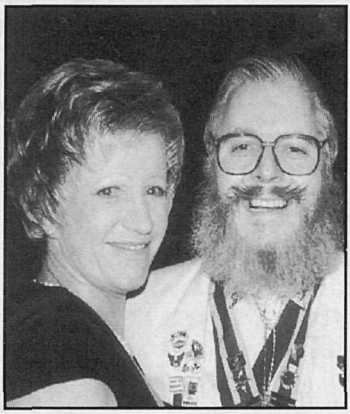
I have to tell you that I am the culpritt and wrote 108 other peices which I sent in some ten years ago and had forgotten all about them. Imagine my suprise etc. etc....

I thought that a photograph of me with a startingly good looking woman would cheer up the pages of your August organ. Accordingly, and as ever notwithstanding, I have provided such a photograph. It depicts my wife on the left and me duly bedecked in full Rotary regalia at my second Presidents night in February this year. My first occurred 20 years ago at a previous club.

I was one of Bob Knight's 'boys' back in the first clinical period of 1967 which is an amazing 30 years ago now. I have not forgotten the way he taught us to examine patients - and doctors who come to me note the careful way I have of scrutinizing them with the most intense 'scrute'. 'You can put that down to (Dr) 'Bob Knight' I say. And then the reminiscing begins. It was the time of my life - when I was at Guy's. I shall be thankful for the superb teaching and I wrote about some of it a few years back in the early nineties.

Yours faithfully,

James Pitt-Payne
Analytical Psychotherapist



Bob Knight's Boy with a Lady

Sandy Coxon

Dear Madam,

I write to thank you warmly for publishing the obituary which I wrote for my brother-in-law Sandy Coxon (Guy's 1974), in the January Gazette 1998.

The BMJ disappointed me greatly by publishing a version of the obituary which was so truncated and destructively edited that the heart of the piece was destroyed.

Thank goodness for the Guy's Gazette!

With best wishes,
Yours faithfully,

John Rawlinson
Huntingdon, Cambs

Secretary of State for Health Visits Guy's

Saturday 21st March saw the AGM of the NHS Support Federation supported by the Guy's Hospital Dental Society held in the Harris Physiology Lecture Theatre. The main attraction of the day was a visit, speech and interchange with the Secretary of State for Health, Frank Dobson.

The meeting began after a welcome from Professor Harry Keen, President of the NHS Support Federation with a talk by Dr Peter Fisher where he explained the NHS white paper and its implication for the delivery of primary health care. This was complemented by Martin Weaver talking on the Public Health green paper. A lively question and answer session resulted.

The main course, however, was served up by Frank Dobson who outlined his view of the National Health Service including its efficiency compared with almost any other nation. He reminded us that the NHS deals with 250 million GP visits a year and 70 million hospital visits. The UK spent 6.9% of its GNP on health compared with 14.3% in the USA and yet we lost less time to sickness than the Americans and had a greater male and female life expectancy. He noted that 187 million working days were lost in the UK last year through ill health, which represented a cost of something in the order of 12 billion according to the CBI.

After his talk Mr Dobson answered questions from the floor for nearly an hour which was a valuable opportunity for people to air their points of view.

In response to a number of questions and concerns from the floor about the new direction for the Guy's and St Thomas's Trust and references to Bottomley's folly, the Secretary of State reassured the audience that they would be having a further look at the review of the A&E Services in London, and that they would not authorise the spending of large amounts of public money on one site in a Trust whilst leaving clinical buildings at the other site empty or filled with administration. In defending PFI (the Private Finance Initiative way of funding new hospital buildings) he stated that there were no examples within the NHS of any major building work being on budget and on time. In the case of Thomas Guy House for instance, the Exchequer had increased their input from £50 million to £100 million.

All in all it was a very successful meeting and the Secretary of State certainly impressed the audience with his knowledge and vigour of responses and the Dental Society should be congratulated for their superb organisation via their President Dr Fortune.

SJ Challacombe

Looking Glass

Computer Aided Torment

Recently, the severe deficiencies in computer skills of school teachers was highlighted for government attention. Such a finding highlights an irony in the government's concept of a 'national grid for learning', and an age of computers for all school children. I wish to draw a parallel to our own medical school, which is supposedly inherently committed to computer aided learning and often stipulates throughout the course the necessity for assessed work to be word processed. It also encourages students to use the internet and network services as a resource. However, computer facilities at UMDS are extremely poor.

Firstly, considering the size of this institution there are extremely few computer terminals available for use in the first place. This is changing slowly, but unfortunately in the interim, the situation remains grim. The reasons for the extent of the current problem is exacerbated by a number of problems. Firstly, everybody tends to need the use of computers at the same time (both in terms of particular hours of the day, and when projects etc., need to be handed in). Secondly, many of the existing terminals are not sufficiently stable to be classed as 'functional' machines. A 'computer underclass' has developed, with well-known and avoided machines constantly crashing and running at ridiculously slow speeds. These slow speeds are not solely limited to word processing and spreadsheet tasks. The speed at which the internet runs within the medical school is also generally appallingly slow. The sometimes unstable nature of the UMDS network recently meant that Psych-info, a reference locating database for psychology and social sciences was unavailable. Psychology BSc students were forced to try and use the archaic speed of the internet to access this service and carry out complex searches, which for many proved impossible. I must stress my appreciation and awareness of some dedicated members of staff such as Dr Jeremy Ward and others, who are constantly working behind the scenes to try and improve this situation, and that the merger will undoubtedly bring a massive improvement to services. However, I am also acutely aware that the present situation is the cause of considerable frustration amongst students, in light of the requirements they are regularly expected to meet, and of the much superior access to services in other medical institutions.

Jason O'Neale Roach

Refreshing our colleagues from King's. . .

Subsequent to a recent school meeting regarding the impending merger (August 1st) with King's College London, our current student president, Richard Clinton, was asked by a number of students if he could organise a meeting to highlight how and when the King's merger would affect students here at Guy's. On the 31st March, he willingly obliged, and an overview of the content of that meeting is outlined below.

After brief introduction, Richard handed the proceedings over to Nishal Amin, chairman of the Student Medical Education Committee, who addressed the matter of impending curricular changes for the institution, which will be known as GKT (Guy's, King's and St.Thomas'). The structure for the pre-clinical teaching remains essentially very similar to the recently designed course at UMDS. It is systems based, and the essential changes include an increase in the time allocated to special study modules, or SSM's (two and a half days a week), teaching in laboratory, library, and numeracy skills, and a course entitled the practice of medicine. The latter course is essentially a rehash of what is presently known as public health medicine in the clinical years. This course runs throughout the two years, bringing in much more clinical work in the second year, replacing the introductory clinical firm, which is presently undertaken just after the end of the second year. Hence patient contact increases during the earlier parts of the course.

The most radical changes however, are to clinical teaching. These will be totally systems based, with teaching in the first clinical year divided into thorax (cardiovascular and respiratory), abdomen (gut, renal, and endocrine), head and neck (neurology, ENT, ophthalmology, and psychiatry). These courses will consist of integrated medicine, surgery and pathology, and will still include SSM's. The fourth year will consist of child health, care of the elderly, trauma, locomotion and reproductive and sexual health courses, with the ever-present SSM's. Another major change is the philosophy that the final year should essentially be a shadow house officer year, with final exams consisting of more long, structured questions and case studies.

The result of such changes is a course with a reduction in the factual burden placed on students with more emphasis throughout on ethical issues, and communication.

The eventual aim is to give every student on entry to the new college, a CD-ROM containing 120 medical problems which the student will have to be familiar with, in every aspect

(medicine, surgery, communications, ethics etc.), by the time they qualify.

Although these courses will begin to run in parallel at both UMDS and King's from the forthcoming academic year, students will not be taught together (at the Guy's site for preclinical years) until 1999, which will coincide with the completion of current building work and refurbishment.

Richard then took over to outline the status of the united clubs and it's activities following the merger. Although the UCC itself may cease to exist, it will remain essentially the same so students will be used to it, since the plan for the administrative structure of GKT has been essentially constructed by the efforts of the UCC. It will have a GKT sabbatical president and various site officers (vice presidents, social secretary, treasurer, etc.) for the three sites. However there are four other sabbatical posts within King's College London Student Union for sports and societies, finance, welfare and publications, as well as non sabbatical posts and permanent staff, which in the words of Richard himself, 'May help to reduce the busy workload of the president and his committee'!

All competitive sports teams will have to merge to become GKT teams and this will be encouraged for non-competitive teams as well. There will, however, be a small amount of funding for Saturday clubs that may include Guy's, St. Thomas', and King's separately. The money saved on the funding of these new clubs (by block booking sports venues), will hopefully be pushed into hiring professional coaches for training sessions.

The future plans for GKT are still under discussion, but the president is pressing hard to try and ensure certain facilities befitting a multifaculty institution are not overlooked. The united clubs would like to see Boland House developed completely into a central student union with various floors for welfare, administration, retail and wine bar facilities, a refurbished "Spit" cafeteria and a more developed bar/nightclub. It is hoped a bar will be built in the basement of the Great Dover Street GKT halls, as well as possibly a gym in the site earmarked for further student accommodation development adjacent to these halls. Finally, they also hope to build an astroturf facility on Honour Oak Park. There will, however, have to be a rationalisation of sports fields. This is an area that needs clarification, since both UMDS and King's grounds are protected sites.

The good will that Richard Clinton extended to the representatives from King's was continued later in the bar, when he heartily encouraged them to partake in some light refreshments, while other UMDS students provided entertainment. The Gazette news will continue to try and keep it's readers abreast of the many changes surrounding the King's merger.

Jason O'Neale Roach

Research Front

Alzheimer's Disease - Risk Association

A relationship between the apolipoprotein E genotype and Alzheimer's Disease (AD) has recently been established. However, the mechanism underlying this correlation remains to be determined. AD is one of Dr Steven Minger's (Department of Biochemistry at Guy's) areas of interest. In a recent study, a neuroscience BSc student (Aliki Manoras) under his supervision, investigated the effect of apolipoprotein E E4 polymorphism on the integrity of cholinergic neurons. He also investigated the degree of neurofibrillary pathology within the nucleus basalis of Meynert (nbM) of the basal forebrain in a subset of AD patients and controls. The degree of neuropathology was significantly increased in AD compared to controls. However, despite the evidence for risk association between the apoE4 allele and AD, atrophy and/or degeneration of ChAT-positive neurons and degree of neurofibrillary pathology within the nbM in AD (both standard post mortem markers for AD) occurred independent of the apoE genotype, providing limited support for the value of apoE genotyping as a predictor of the course of progression in AD. Of course individual patient data is very variable, due to factors such as differences in post mortem time, which can affect protein, and the age of AD patients. However, these results do illustrate that the AD story is far from clear and there is a need for further research to help clarify the importance of possible predisposing factors.

Jason O'Neale Roach

PRESTIGIOUS INTERNATIONAL AWARD FOR BRITISH DIABETES RESEARCH

A new and prestigious International Award - the 'Hellmut-Mehnert United Nations Award' commemorating the 70th Birthday of Professor Hellmut Mehnert, has been presented to Professor Harry Keen of Guy's Hospital. He is Vice President of the British Diabetic Association and Honorary President of the International Diabetes Federation, involved with work on the prevention of diabetes and its complications.

The prize - 100,000 DM - was presented to Professor Keen in Germany at an award ceremony in Munich on 21 February 1998 by representatives of the United Nations, UNESCO and the World Health Organisation (WHO) Europe. They drew attention to his discovery of microalbuminuria in the early 1960s, of insulin pump therapy in the 1970s and to his chairmanship of the WHO Expert Committee on Diabetes in the 1980s.

'I am enormously honoured to be the first person to receive this award, not only for myself, but on behalf of the hundreds of colleagues who have collaborated in this research and the thousands of people with diabetes and their families who have assisted so willingly in our research into diabetes and its complications', said Professor Keen.

On receiving the award, Professor Keen gave a lecture on the complications of diabetes, the excellent progress in their prevention and the important role of the St Vincent Declaration. He is donating the prize money to the UMDS (United Medical & Dental School of Guy s & St Thomas's Hospital Foundation for Diabetes Research Fund).

New Endo Professor

T R Pitt Ford started as a student in the Dental School of Guy's Hospital in 1967 and qualified at the end of 1971.

After working as a Resident House Surgeon for Mr Thompson he then became a part time demonstrator in the Department of Conservative Dental Surgery under Professor A H R Rowe and later became a part time lecturer. He gained his FDS in 1975 at the time when the Dental School moved into the Tower. He subsequently undertook a PhD in Endodontology and was awarded this in 1980. He then became a full time clinical academic in 1981 and was awarded an Honorary Consultant contract in 1985. He was promoted to Reader in 1995 and was made Sub-Dean of the Dental School in 1997. In January 1998 he was made Professor of Endodontology.

UMDS

GUY'S AND ST THOMAS'S
MEDICAL AND DENTAL SCHOOL

Guy's and St Thomas's Medical and Dental School

DIPLOMA IN CONSCIOUS SEDATION FOR DENTISTRY (DipDSed)

This part-time course is designed to provide dental practitioners with the knowledge and skills to enable them to use a wide range of conscious sedation techniques with confidence and safety. The course comprises lectures, tutorials, supervised clinical experience and a short project. Emphasis is placed on the management of patients suitable for treatment in general dental practice. Award of the Diploma is based on satisfactory performance in both theoretical and clinical examinations.

The course commences January and July of each year and involves attendance one day per week for a period of six months. Previous experience of sedation techniques is not essential.

A prospectus containing details of the Diploma and also the MSc in Sedation and Special Care Dentistry is available from Dr David Craig, Department of Sedation and Special Care Dentistry, Floor 26, Guy's Hospital, London SE1 9RT. Telephone: 0171 955 5000 ext 3725/4354.

Itchy bum an emergency?

The Thomas's Graduate continues to write on.....

'Morning Mr Jacobs. What can I do for you?'
'Itchy bum.'
'Splendid. Were you aware that Saturday mornings is for emergencies only?'
'Yes.'
'Well in my book, that ain't an emergency. Bum on fire, fine. Bum concealing baby crocodile, fair enough. But itchy bum, no. Good day.'
'Oh you think you're so clever, don't you.'
'Clever enough to know you can wait until Monday.'
'But this is an emergency. You told my son he had worms.'
'Your son does have worms. He brought one in to show me in a Playdoh jar.'
'I don't believe you.'
'Well I haven't kept it - it was only a threadworm. Nothing to loose any sleep over.'
'How can you say that? You told my wife the whole family was probably infected - I haven't slept since, thinking of those horrible little things crawling around inside me.'
'They're only in your bowels.'
'You told my wife that the eggs can get under the finger nails.'
'So?'
'Well, the wife's got long fingernails and she likes to draw blood during sex.'
'Anywhere special?'
'My back, mainly. So she could have passed eggs straight into my blood stream right?'
'Look, there are worms that live in the bloodstream - such as the dreaded schistosome fluke - but threadworms only survive in the intestine'
'How do you know it was a threadworm?'
'It looked like one'
'But you didn't send it to the lab, for conformation?'
'No.'
'So you were guessing?'
'Look, it wasn't a fluke.'
'Why not?'
'Because flukes are flatworms with oral and ventral suckers. This worm was a

thread.'
'It could have been a fluke fluke.'
'Also schistosomes are unheard of in Walthamstow, whereas threadworms aren't.'
'So how did Lance get it?'
'Probably from the nursery.'
'That's a shame.'
'Why?'
'Because he's settled in really well at Mrs Pope's.'
'You don't have to take him out of it.'
'No son of mine's learning to read in a worm hole.'
'Look, threadworms are no big deal. Five hundred million people on this planet have got them as we speak. Many have no symptoms at all and others just have an itchy bum.'
'But surely Mrs Pope should have spotted the worm in Lance's lunch?'
'You don't swallow the worm you swallow the eggs.'
'And where are the eggs?'
'Like I said, under someone's nails.'
'How do they get there?'
'Well the adult worm lives in the large bowel but pops out to lay eggs around the anus.'
'I've heard enough.'
'But the good news is that all patients are cured by a single dose of wormicide - and you can buy it over the counter to avoid troubling your doctor on a Saturday morning.'
'I don't like giving the kids drugs.'
'Well, if you cut everyone's nails, wash the eggs off bedclothes and towels and have scrupulous personal hygiene, the worms die out after a month or so.'
'That's a bit of a fag.'
'Or just live and let live.'
'But I'm itching like mad. Does that mean I've definitely got them?'
'No, it could just be that the suggestion you might have them has brought it on. If you can't find a worm in your stool, the best way of making the diagnosis is to sleep with sellotape around your tail end, to catch the eggs as the worm pops out at night to lay them. Now if that's all....'
'Do you sell sellotape?'
'No. Bye bye.'
'One more thing. Why did you call the schistosome dreaded?'
'Good grief. Because the eggs get stuck absolutely everywhere - in your

bladder, in your liver, in your lungs, in your brain....it's not pretty... Mr Jacobs? Come back! I've got some cracking photos of it in Post Mortems Weekly...'

Phil Hammond

This articles was reprinted from The Independent on Tuesday, with kind permission of it's Editor.

The official opening of Thomas Guy House by the Queen

This is now available on videotape. It features the opening ceremony itself, speeches, and the Queen's tour. This includes extensive footage of clinical applications of new techniques in the Pulmonary Function and Nuclear Medicine laboratories and the 'walk-about' when she met staff and patients in one of the Atria. There is no superimposed commentary but several interviews are included. The film lasts 30 minutes.

The videos can be obtained at a cost of £10.00 (including postage). Please allow 14 days for delivery. Cheques should be made payable to "UMDS" and orders placed with:

The Department of Photography, Printing and Design
Floor 17, Guy's Tower
Guy's Hospital
London Bridge SE1 9RT

Rag Week 98

At 6am on 30th January 1998, anyone in the vicinity of Westminster Bridge had the opportunity to witness an historic event: the ritual force-feeding of stale croissants and 'champagne' to unsuspecting commuters that marked the start of UMDS' most successful Rag Week yet. Ignoring the frosty air and their impending humiliation, over 150 of our most intrepid medical and dental students braved the indifference of the London public and set out in the dingy winter morning wearing only the flimsiest of surgical gowns. Their mission: to fill their pots and buckets with money for the week's nominated charities - Tommy's Campaign, Evelina Children's Hospital, Guy's and St. Thomas' Kidney Patient Association and St. Thomas' Heart Research Trust.

Although the early morning collections were responsible for the bulk of the money raised (and the happiest memories of the Rag Committee, who got to raise hell waking up freshers, and spent the rest of the morning huddled together in the office, watching money roll in and nursing the communal hangover), Rag Week had a lot more in store. The week's fund-gathering festivities united the student body - spods, psychopaths and social animals alike - and ranged from a 'Caveman Hop' (highlight: alcoholic chocolate milk served from a cardboard cave by fur-clad Neanderthals), through the dubious delights of the notorious 'Endurance' contest, to the decidedly less vomit-inducing Rag Ball.

> ***'Ignoring the frosty air and their impending humiliation, over 150 of our most intrepid medical and dental students braved the indifference of the London public...'***

This last event - the climax of the week - was held on the Queen Mary, a boat moored by the Victoria Embankment, and provided a rare chance for students to get dressed up and guzzle champagne and canapes while being serenaded by a string quartet. A cracking time was had by all - not least because entertainingly-priced drinks meant it was one of the few evenings when the majority of those present could dance the night away while retaining some control over their bodily co-ordination - and UMDS retired to the first good night's sleep it had been allowed in the last nine days.

Other Rag Week amusements included 'Honey' - a club night held at the Complex, and the 'Spice Girls Hop' - which bizarrely mutated into a transvestite disco with a live 80's rock band (you had to be there).

'The Hit Squad...wreaked havoc every lunch-time in student canteens on both campuses...'

But if the nights were packed, the days hardly passed without incident. The Rag Raid to Canterbury provided those who dragged themselves out of bed in time to catch the coach with the fresh challenge of explaining the finer points of NHS funding to confused French tourists, and the tried and tested strategy of focusing collecting efforts on the city's fine hostelries proved most rewarding for everyone involved. The Hit Squad (in balaclavas and combat gear) and the Tit Squad (in red PVC) played havoc every lunch-time in student canteens on both campuses, collecting huge fees to publicly humiliate their hapless victims and strike fear into the very souls of innocent onlookers.

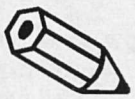
Along with the Circle Line pub crawl and the sale of Rag Mags, T-shirts and raffle tickets, Rag Week revelries raised almost £64,000.

'I wish Sir Cyril Chantler would take all my lovely Rag Committee out for a fantastic slap-up meal...in recognition of all the hard work they did. Well...it was worth a try.'

Having overseen the fancy-dressed mayhem of the week-long hangover that was Rag '98, could Chris White, Rag President, ask for anything more? 'I wish Sir Cyril Chantler would take all my lovely Rag Committee out for a fantastic slap-up meal,' he said, 'in recognition of all the hard work they did.'

Well...it was worth a try!!

Jane Hume
2nd Year Medical Student
Rag Committee member



Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

BDSA Tour

by Iain M. Soulsby

The British Dental Students Association national conference was held in Newcastle this year. The official aim of the conference is to bring together students from all the British schools so they may further their knowledge and understanding of the role of a dental surgeon going into the millennium. The unofficial aim of the tour, was to imbibe as much cheap, Northern booze as humanly possible. One of these aims was definitely more fulfilled than the other, but we know about the role of dental surgeons anyway.

The rather battered UC minibus left Boland House at the ungodly hour of 6AM, with our very own Gerry Adams (Peter Hughes) at the wheel. Pete seemed to take all sorts of diversions around Army bases on the way, he said he was taking photos of the scenery. We are not so sure, (bring back internment, I say.) Anyway, we made it to Newcastle Dental School early in the afternoon, and we were soon installed in our four star hotel - don't you just love sponsored conferences?

'The rather battered UC minibus left Boland House at the ungodly hour of 6AM, with our very own Gerry Adams (Peter Hughes) at the wheel.'

The entertainment for the first night was a three legged pub crawl, which finished up at a club on a boat. The fun really started when the revolving dance floor was located - which may explain some of the bruises we found the next day. Special mention must also be made of Sarah, Sally, Alex and Bex whose karaoke impersonation of the Spice Girls was beyond comparison. (Not necessarily a good thing).

Day two of the conference was our chance to have a look at the full University campus, the main object of interest for us was the Students Union (quel surprise?) where Freddy Funnel was kind enough to come out and play. The first ginning of the tour occurred when a lovely young lady from Kings made the mistake of asking me what a ginning was, so instead of telling her, we showed her. Twenty minutes later the wonderful tones of the gin babble could be heard. (Ginning was formally banned at UMDS 2 years ago by the Dean -Ed).

The highlight of the afternoon's lectures was entitled '101 ways to kill your patient'. And I think we all learnt a couple of new tricks to use on the irregular

attendees who are never happy with the work we do.... Five o'clock saw the opening of 'The Crown and Bridge' the Newcastle dentists bar. With heaps of free beer this event was always likely to go well, and surprisingly enough a few of us even managed to take our clothes off, for no good reason. (As if you need one!) The event for Friday evening was held in the students union. It could be best described as a Hop on a grand scale. Held over three floors, with about seven bars and more drunk students than you could shake a periodontal probe at. Once again the hotel bar stayed open well into the night and it was good to see people from various schools mixing well, instead of fighting 'a la' last years ball.

'...that the locals had been somewhat confused by six drunk students wandering around Fenwicks toy department, purchasing water pistols...'

Saturday dawned all too early, but fortunately the hotel laid on an excellent fried breakfast, which settled the stomach and gave us the energy for another stressful day of heavy drinking and debauchery. Straight after breakfast we settled into the hotel bar (well the pubs weren't open yet.) and stayed there for a few hours of contemplation, reflection and inebriation. The boys then went shopping for the ball that evening. Upon their return it emerged that the locals had been somewhat confused by six students wandering around Fenwicks toy department, purchasing water pistols etc. Can't see why myself, but they're an odd bunch up north.

'As the ball drew to a close, everyone went outside to the coaches to find that three inches of snow had fallen, a big surprise for us soft southerners.'

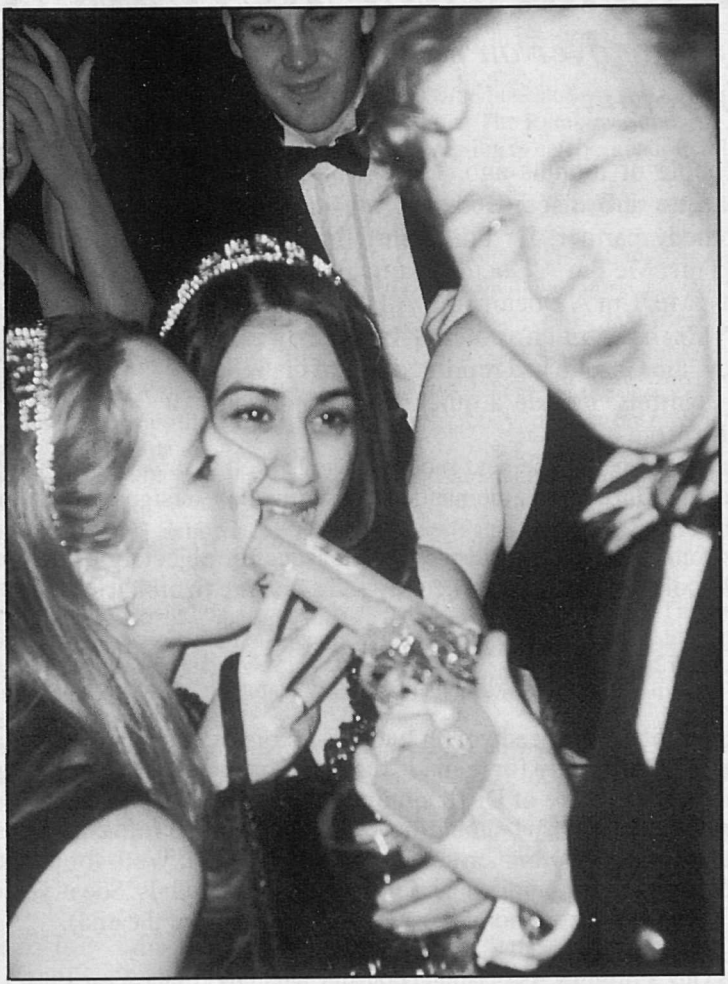
The BDSA ball was held in Lumley Castle, Co. Durham. It was a beautiful building in a lovely setting - one can only presume no one had mentioned the word 'student' during the booking process! Once inside, my gin filled water pistol came into its own - how else can you wander up to complete strangers and place your weapon between their lips? After a fantastic meal the raffle started, the last prize in the raffle was the highlight of the entire tour: The Full Monty, performed by Alex (scrawny) Setchell, Johno (Can I take my clothes off, please?) O'Leary, Paul (no body hair) Silvester and our token gesture towards the GKT merger: Ali (even less body hair than Paul) Bunting, who only qualified

because his brother, Dave, is in the second year at UMDS. The accompanying photos should say more than words ever can (or indeed should.) As the evening wore on the boys became more used to wandering around in Jocks only, and I only saw one or two people vomiting - showing that we dentists are made of strong stuff. As the ball drew to a close, everyone went outside to the coaches to find that three inches of snow had fallen, a big surprise for us soft southerners. What then happened can only be described as a pitched snowball battle between about 150 people. Once we'd all managed to trash our dinner jackets and ball dresses we thought it time to return to the hotel. The journey back was enhanced by the longest version of 'Father Abraham's' in which I have ever partaken (say no more). Back at the hotel the party kept going until six in the morning, when the bar staff finally felt that it was time to close the bar - spoilsports!

The journey home was a quiet occasion, as most people were trying to work out how they managed to a) drink so much, b) survive on next to no sleep, c) spend so, so much money. Oh well, it was well worth it. Thanks to Pete H., Alex S. and Richard G. for piloting the scrap heap to and from Newcastle, and to all those involved in organising the conference. Hopefully next year in Cardiff will match up to this excellent tour, and we also hope we can take more students, as it is an opportunity no one should miss.

Full list of Guys tourists: Richard "exit?, what exit?" Guyver, Nabeela "vote for me, or die." Ahmed, Helen "show me the alcohol." Lupson, John "Why can I never get a shag?" Breeze, Antonia "me, drunk, naaaaahhhh" Onn, Johno "monkey boy" O'Leary, Paul "mucky" Silvester, Alex "ginger spice" Sayer, Sarah "wealthy spice" Cameron, Bex "vomiting spice" Wasley, Sally "glasses spice" Campbell, Paula "balcony bra" Brennan, Sadaf "it's such fun being teetotal on tour" Khan, Steve "cooooooollllll" Ilyas, Peter "my new glasses make me look like Greg Proops" Hughes, Alex "I'll just climb onto this boat, via the anchor chain" Setchell, Iain "I wrote this, so no nickname thanks" Soulsby.

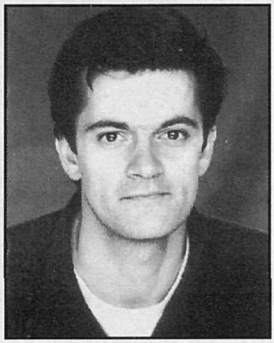
The Guy's delegates dressed to kill!



The author at work!

Tony Gardner Reveals All!

...to get one over on his contemporary!



A couple of months ago, I opened the Guy's Gazette and discovered that my occasional comedy partner, Dr Phil Hammond (star of BBC2's Trust Me I'm A Doctor - or, to give it its full title: Trust Me. I'm A Doctor And All Other Doctors Are ******s) had written a column. Or, to put it more accurately, the Gazette had reprinted one of his Independent columns. I made a quick mental note and thought no more of it.

But then it happened the next month as well! Well that was too much for me. I contacted the Gazette and demanded the immediate resignation of the entire Editorial Board.

Aside from professional jealousy, my reasons for objecting to Dr Hammond having his column reprinted in the Guy's Gazette are twofold:

1. *He is not from Guy's*
2. *He is from St Thomas's*

Of course, the fresh-faced young tyros in charge of this publication had made a grave error. Fortunately for them, I was immediately placated by being offered my own column in place of Dr Hammond's - and here I am.

You may well ask why I should have my own column in the Gazette (beside the fact that I am much funnier than 'The Ginger One'). Well, for the benefit of the readership, I have compiled a brief list of my credentials. See if you can spot what they all have in common. (Answer after my name at the end).

- I was Guy's Hospital Association Football Club Player of the Year 1984/5
- I once saw Tom Brink throw a snowball at, and hit first time, that funny stone thing in the Collonade. From the top of Guy's Tower.
- I saw The Rats in their prime - unfortunately in my Fresher's Week.

- I remember a giant bee and a clown running across the rugby pitch at HOP in an attempt to disrupt yet another early Guy's defeat from The Hospital's Cup. (In fact, thinking about it now, I may have been the clown).
- Every time I walk through that clicky barrier thing in the Will's Library, I think my heart's going to stop.
- I am a good friend of the physician who, when a medical student, fell through the roof onto the dance floor of the Radiographer's Ball at The Rainbow Suite.
- I saw Richard Capp nearly kill himself by attempting to catch a condom full of water dropped from the top of Wolfson House.
- Every time I walk into the Medical School, the smell *still* reminds me of that weird bloke who used to work in the Dissection Room.
- I drank the after-match shandies at HOP - even though I knew how they were made.
- I appeared in the first ever musical production put on in the Harris Theatre (*Oh What A Lovely War*, 1984).
- To date, I believe I am the only student to have appeared naked in the *Guy's Gazette* (December 1, 1984 for archivists).
- I remember the Summer Festival at HOP being *the* event of the year.
- Mr Donald Bompas, the old Medical School Secretary, once wrote me a letter which started: "Dear Gardner".
- I know a 9 year old boy who was very nearly christened Boland, after the building where he was conceived.
- I have been on 13 Spirochaetes Hockey Tours (again, as I rack my brains, I have a vague recollection of being Captain sometime in the Eighties, but I can't be sure).
- I remain convinced - despite overwhelming medical evidence to the contrary- that there's something slightly *strange* about people who qualified at St Thomas's.
- I met my wife, who is currently working at Guy's (don't worry, Kate, they'll never make the connection) when we were medical students at Guy's and in 1993 we had a little Guy's baby (called Jack, not Guy) who was christened in Guy's Chapel (reception in The George).
- Even though my medical degree certificate says otherwise, I always write 'Guy's Hospital' as my place of qualification. In fact, for my own personal entertainment, I often pretend not to know what UMDS stands for.
- I have justified Guy's giving me a ridiculously high conditional offer by bunking out of full-time General Practice to be an actor and comedian. They must be so proud.

There - how's that? If I get the job, I'll be back next month.

Tony Gardner
(Guy's Hospital 1982-1987)

By Royal Appointment

Queen Opens Thomas Guy House

Hundreds of staff lined corridors as the Queen visited Thomas Guy House to formally declare it open. It was a particularliy special day for intensive care sister Mairi Stewart who helped the Queen unveil the plaque declaring the buidling open, in front of an audience of people who have helped to make the building such a success. Once she unveiled the plaque, the Queen toured the building meeting staff and patients.

In her speech, the Queen said 'The realisation of this major project is thanks to the vision, dedication and the hard work of the very large number of people, many of whom are here today, and all of whom deserve our heartfelt thanks and congratulations. I am confident that their achievements will encourage everyone who works in this building to aspire to the same levels of committment and excellence in all that they do.'

The visit maintained the long tradition of Royal openings at Guy's. The Queen also opened New Guy's House in 1962 and Guy's Tower in 1974. Trust Chairman, Sir Kenneth Eaton said 'It was a pleasure and a privilege to be able to show the Queen round Thomas Guy House and to introduce her to so many staff and patients. She was very impressed by Thomas Guy House and the work that we are doing here.'

Matt Tee

A private joke following the unveiling of the plaque.

How to Annoy Your Doctor

'newspaper cuttings.....'

They say that ignorance is bliss but if that is so then why aren't our surgeries crowded with placcid people wreathed in fatuous smiles peacefully awaiting their turn? The reason is that they can read - the vast majority - and one of them has read the medical section of some rag: yea - is even clutching it as they come in; leans forward confidentially (I do wish they wouldn't do that!); and tells me that they've read this bit in the Sunday papers and it seems to match up with everything they've got. Gently, I take the cutting from them and read about the strange new disease that has swept through the country. I nod my head in time with theirs as they pull out all the stops and press the proverbial swell pedal. Just to add to the picture they've brought along a name; yes - it's the name of an alternative type and he's not a doctor but a friend has been along and they were impressed, doctor - very impressed.....

I don't know why they want to come and see me when they've every intention of going to someone else. I strain every sinew in my body to prevent myself from telling them the real truth about their hysterically neurotic attitude and how I dislike quacks who pander to their malaise. Well - just a bit.....

James Pitt-Payne

Lecture Notes on Radiology

PR. Patel
Blackwell Science
ISBN 0-632-04758
Price £14.99

There are few books that really make the reader think 'I wish I'd thought of that' This is one of those few. These books are rarely the lead texts in a field. They are usually short, concise and convey their contents with clarity and effect. Lecture notes on Radiology fits this description to the letter.

The back cover suggests that this book is aimed at Medical Students and House Officers. I have to say that I think its target audience should aspire to include physicians and surgeons in training, especially those who plan to sit Collegiate exams.

The text opens by describing the different imaging modalities, their basic method of operation and the role of interventional radiology. The detail is sparse but images later in the book flesh out the information without the risk of repetition.

The text is divided into systems. Each double page comprises images on the left and a description of the abnormalities and diagnosis of the right. This method of presentation is easy to read and interesting to flick through. In addition, the images are reproduced beautifully, with none of the haziness which often dogs X-ray reproduction. The author has clearly spent time searching out good examples rather than the rather casual 'lets put some X-rays in a book and publish them' approach that certain authors producing MRCP books can be guilty of.

Overall, it is almost impossible for me to criticise this book, a position I rarely find myself in. This is one book the review copy of which I will hang on to, use frequently, and recommend to the medical students who come through the wards.

Dr Geoff Smith

MCQs in Psychiatry

Ball and Lipsedge
Arnold Publishers
ISBN 0 340 69227 8
Price £7.99

When first asked to review this MCQ book, I assumed it would provide, at best, a patchy coverage of what is one of the most interesting and least understood specialities in Medicine. However I was to be proved wrong. This 131 paged book provides a very broad coverage of undergraduate psychiatry and while it will not and can not replace the "old fashioned" textbook, it will prove to be an excellent revision aid. The fact that both authors (Ball and Lipsedge) are Senior Lecturers at UMDS and

Consultant Psychiatrists at Guy's can only endear the book to students here.

This compact book provides questions covering topics such as alcohol and drug abuse, child psychiatry, the Mental Health Act and psychopharmacology, to name but a few, in addition to the old favourites - Schizophrenia, depression and mania.

The explanation for each question provides a brief, but succinct summary of essential knowledge for that particular topic. An example of this, being a question on the causes of dementia: In addition to the true/false answers to the question, there is an explanation listing the three commonest causes and the components of the 'Dementia Screen', including all the laboratory tests that should be requested.

The nine questions on Schizophrenia review points such as Schneiders first rank symptoms, the DSM - IV diagnostic criteria, type II Schizophrenia, the Dopamine hypothesis, prognosis for the Schizophrenic patient, epidemiology of Schizophrenia and the role of Expressed Emotion in causing relapse.

A helpful list of subjects is provided at the end of the book in addition to the corresponding question numbers, making it easy to review particular topics.

While this book can never be regarded as a definitive text on the subject of Psychiatry, it provides a very readable summary of the important points and at £7.99 is very good value for money.

Simon Merritt

Essential Cardiology - Third Edition

Timmis, Nathan & Sullivan
Blackwell Science
ISBN 0-632-04843-3
Price £24.95

This, the third edition of Adam Timmis' book, follows a natural progression from previous editions. It is larger with an increase in illustrations and a great deal of updating. The Paediatric Cardiology Chapter has been entirely re-written by Ian Sullivan, and the text brought right up to date. The role of large randomised trials in cardiology is evident throughout the book, with clear summaries of several of these trials within the text.

The role of both non-invasive imaging and interventional cardiology is covered in detail with an excellent collection of both black and white and colour images to illustrate the text. My only gripe is that the colour plates are collected together in a few pages three quarters of the way through the book rather than being in their logical places within the text. This, however, reflects the attempt to maintain the price of the book at a reasonable level. Each chapter starts with a summary of the main subject covered, a novel approach in similar style to abstracts in scientific papers.

The chapter which caught my eye, mainly because of its coverage of a topic usually passed over by such texts, was that entitled Surgery and Heart Disease, which discusses the assessment of patients with heart disease for surgery and the pre-, peri- and post operative risks and management. In some ways I would like to see this chapter enlarged from its present summary style, as this is an often neglected aspect of medicine.

Apart from this, there is little in the text to criticise. The detail is probably over an above what the average medical student would want, although having said that, the clarity of explanation means that the book would be ideal as both an introduction to the text and allow progression to a detailed understanding. My only other comment is that the management of cardiac arrest needs updating, and inclusion of the full Resuscitation Council Guidelines would be appropriate.

The 'Essential' series has an excellent reputation and this book is no exception. In a field that advances daily, Adam Timmis and his colleagues have managed to produce an up to date text which covers the subject with clarity and in appropriate detail for the target readership. This target readership should probably be expanded to include any physician or physician in training who requires a clear review of cardiac medicine.

Dr Geoff Smith

Clinical Examination

Third edition
Talley and O'Connor
Blackwell Science
ISBN 0-86542-689-9
Price £17.95

Multiple Choice Questions in Clinical Examination

Talley and O'Connor
Blackwell Science
ISBN 0-632-04153-6
Price £11.50

Now in it's third edition, Clinical Examination continues to be one of the most useful text books for the clinical student. Providing a now fashionable systems based breakdown of the human body. It starts with the general principals of history taking, something admittedly that should not be learnt from a text book but on the wards, it gives the new student somewhere to start.

The book not only deals with the main systems like cardiovascular or gastrointestinal but also with specialities like rheumatology and the haematological system so it appeals to the senior student as well. The appendix has useful sections on presenting patients and pre-anaesthetic evaluation.

Together with a clear text and diagrams the book illustrates many clinical signs with good pictures and relevant X-rays. It shows the student how to place the hands during examination whilst telling you what to look for. It also has sections of relevant physiology and biochemistry without getting too drawn into detail. In every chapter there are sections to summarise the main points clinically and help with differential diagnosis however in some chapters it tries to be a medical text book, like Kumar and Clark, which it is not.

The accompanying multiple choice question book compliments the main text well. It is organised into systems like the main book and the questions are like those you would find in any MCQ exam. The inclusion of picture tests is a welcome addition and it helps the understanding of a clinical situation rather than just words on a page! It finishes with a good revision summary covering all of the sections.

This is a good book, it covers all a medical student on the wards would want, or should need to know. It covers the examination of a patient better than most texts but this reader doesn't think it can replace some of the more established medical textbooks and all the detail they hold. I think this book is more likely to be a commodity for most students as an addition to their reference texts rather than the standard.

Will Topping

Gazette

Internet Home Page

The Guy's Gazette is now available to all on the World Wide Web! Articles from the monthly journal can be found at the address below, as well as links to other medical and dental related sites.

http://www.umds.ac.uk/guys-gazette

You can also e-mail us at:

guys-gazette@umds.ac.uk

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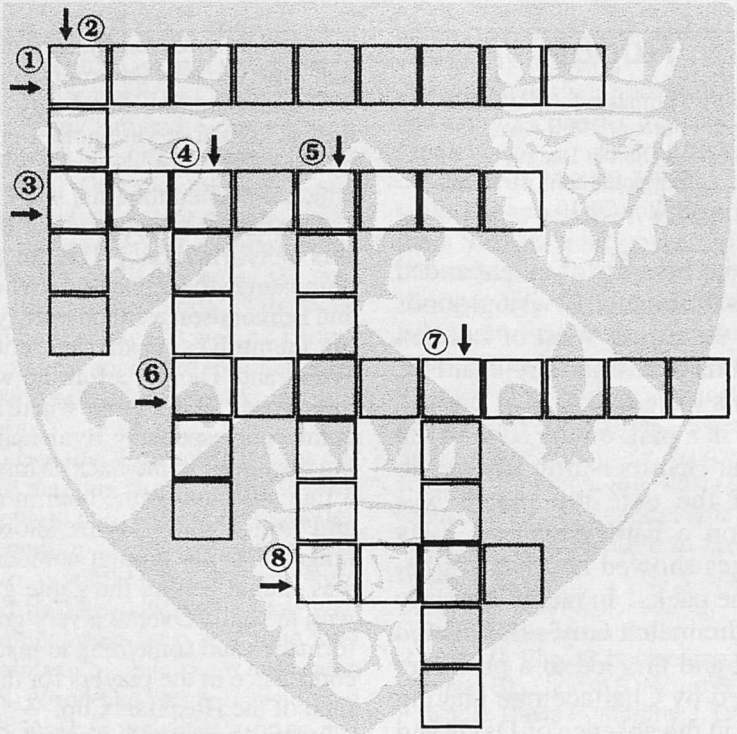


Clues:

① Egg tube
② Lucky worm?
③ A bone you may flick?
④ Eye tooth of a dog
⑤ Lacking in firmness
⑥ Development or culture of a baby
⑦ Colourful contusion?
⑧ Continuous injection

This quiz was devised by Lindsay Harvey and remains her copyright.

Correct answers to be submitted by the 22nd June 1998

First prize:
Either a box of golfing accesories or a pair of tickets to the Warner West End

Editors decision remains final and correspondence will not be entered into

Rugby

Guy's & St. Thomas's 1st XV v Barnes
14th February 1998 Away
Allied Dunbar League
London 3 SW
Won 29-10

One of the benefits of an expanded league is the chance to visit grounds all over the South West of London and on this occasion Guy's and St. Thomas's were able to visit Barnes, situated in a park on the edge of the river near Hammersmith Bridge. In spite of the date the match was played on a hard pitch and early exchanges showed no love lost between the packs. In fact in the early part of the match Guy's dominated up front and this led to a pushover try scored by Challacombe playing at No. 8 in the absence of Davis and a penalty try after persistent infringement by the Barnes pack. The solid platform up front allowed Neil Davis at stand-off to show his skills and dance past the Barnes defence for a very nice try.

However Barnes were also showing a willingness to run the ball and they scored a deserved try in the corner to take the score to 19-5. A darting run by Morgan, playing at scrum half took play from Guy's own half to the opposition line where the job was completed by the pack for another pushover try appropriately scored by Morgan and a half time score of 24 points to 5.

Barnes scored a further try through the backs before yet another pushover try by Guy's took the score to 29 10, which remained the final score.

There were some excellent things in this performance. The pack were dominant in the tight where Woodsford and Edmondson were obviously enjoying themselves, in the line out where Wood and Thorpe before he went off injured and in the loose where Challacombe and especially Ryan had storming displays. In the backs Morgan had a fine all round game both in defence and attack and Davies showed his range of skills though sometimes he was caught behind the game gain line with the ball. Overall a very good performance and something to instil some confidence in the players for the semi-final of the Hospitals Cup.

Team: Woodsford D, Lewis J, Clinton R, Thorpe B (replacement Baladasan D), Wood D, Elias R, Challacombe B, Ryan G (Capt), Morgan P, Davies N, Etok R, Costello J, Ekeowa U, Lawton G, Behn E.

SJC

Guy's & St. Thomas's 1st XV
v
Effingham
Saturday, 14th March 1998
HOP Allied Dunbar League
London 2SW Won 19-16

One of the spin-offs of League rugby is the exchange of old established fixtures for new sides. Effingham were

playing their first visit to HOP and in a thoroughly entertaining game showed why they were worthy of a place in the League. They showed a commitment to play a wide and fast game which was comparable with that of Guy's and were clearly fast and committed. The first try came after 10 minutes when after a series of fierce rucks the ball passed through the hands of the back row and both centres as well as Thorpe who somehow managed to emerge on the outside of the wing to take the ball and score.

Any ideas that Guy's might have entertained that this would herald the onset of several tries were soon dispelled by the quality of the opposition play and two penalties by Davies were matched by a penalty and a drop goal for the opposition for a half time lead of 11 points to 6. This might have been more as Wood had the ball dislodged from his grasp in the act of scoring just before half time.

The second half was end to end stuff with Guy's scoring from a snappy break by Murphy and then Effingham scored a good try in the centre after a speedy break and a score of 16-13. Guy's had yet another try disallowed when Neil Davies was judged not to have grounded the ball after a break from the scrum on the opposition line. To add insult to injury Effingham then scored a penalty after a late tackle to take the match to 16 all and a tense final 10 minutes. However Guy's ended the match pressing for the opposition line and a final penalty by Davies took the score to 19 to 16.

A win was undoubtedly a just result and on reflection Effingham were fortunate to get so close. Davies had an off day with his kicking and five or six kicks either just shaved the posts or hit them without going over. In addition the same player had what appeared to be a good try disallowed. The opposition backs were very lively but the forwards sailed very close to the wind and their habit of pulling down rucks illegally was very irritating especially as this seemed not to be noticed by the referee. However this was a good performance by the hospital side and consolidates their position in the top half of the league.

Team: Baladasan D, Edmondson M, Clinton R, Elias R (replacement Challacombe B), Thorpe B, Wood B, Ryan G (Capt), Davis P, Murphy J, Davies N, Addy A, Costello J, Hubert J, Etok R, Nichols E.

SJC

Guy's & St. Thomas's RFC
v St. George's Hospitals
Cup Semi-final at Old Deer Park
18th February 1998
Won 77-5

The Hospitals Cup is the oldest competition in rugby having started in 1872. The match was between Guy's and St. Thomas's and Guy's won by 3 goals to 1. On this occasion Guy's and

St. Thomas's as the cup holders were looking to impose their game on St. George's who had brought an impressive amount of support with them. Medical student intake these days is 50% female and most of George's were down watching their team take on Guy's & St. Thomas's.

The game plan seemed to be similar to that in the quarter final with King's with the initial exchanges taking place up front before releasing the ball wide. This was reflected into the first three tries where first Jacks and then Elias scored before Davies at stand-off repeated the quarter final moves by choosing on this occasion not to pass to the inside centre and scoring himself. It was an even contest up front with St. George's winning a fair share of ball in the lineout though under pressure in their scrums.

The match was marred by an injury to the St. George's winger when he was brought down on the hard ground after a break away. After a long driving maul the ball was released for Ugo Ekeowa to score! However George's showed that they were determined to make a match of it with a good try in the corner. Ugo Ekeowa scored his second after a fine outside run which was converted by Davies to take the half time to a comfortable 27 points to 5.

Guy's/St. Thomas' were able to really open up in the second half with the game now safe. Even so, and in spite of the final score, over ambition and a number of handling errors restricted their opportunities.

Further tries were scored by Etok(3) and Jacks(3) Ekeowa (3) Challacombe from a number 8 pick-up and a final score of 77 points to 5. Davies converted 9 of the tries.

It is very gratifying for the club to find itself in the final where we shall meet our old rivals St. Mary's (now in the guise of Imperial Medics having joined Charing Cross/ Westminster). One suspects that St. Mary's will be a very different proposition from the gallant St. George's and that Guy's/St. Thomas's will need to play at their very best to win. Some parts of this match were quite spectacular particularly towards the end of the game when the ball was being passed all over the field, but the coach would have been a little unhappy about the fact that possession was lost on too many occasions.

For Guy's/St Thomas's: Mark Edmundson at hooker had a very fine game and apparently was very keen that his name be mentioned in the report having been omitted altogether from several other match reports.

Team: Woodsford D, Edmondson M, Clinton R (replacement Stacey J), Wood B, Elias R, Ryan G (Capt), Thorpe B (replacement Challacombe B), Jacks J, Morgan P, Davies N, Costello J, Vaughit J, Etok R, Ekeowa U, A N Fresher. Replacement Scholefield

SJC

GUY'S & ST THOMAS'S 1st 'XV'
v PORTSMOUTH
League Game
March 28th 1998 HOP
WON 20 - 19

This was the second visit of Portsmouth to HOP. Their previous visit in January was unproductive since the referee failed to materialise. For this re-arranged game Guy's were playing a very changed side with several new faces. They were against a Portsmouth side which is now second in the league having lost only to Alton. Portsmouth brought with them a reputation for a fiery and large pack and with the first 20 minutes spent in the Guy's half demonstrated their particular brand of aggressive play. They were surprised, therefore, and not a little embarrassed when the Guy's pack took them on up front in a magnificent display of technique which had coach, Steve Farr purring. However, in spite of taking 2 against the head and pushing their much heavier opponents back at most opportunities, Guy's found themselves a try down. They equalised shortly afterwards when Davies scored after good work by the pack for a half time score of 5 all.

The hospital side began the second half with clear self belief that they could win this game and early pressure was converted in to points via a penalty by Behn. Guy's then had a whole series of attacks on the opposition line without getting over and just as they seemed likely to score, the opposition fly half made an interception from what looked suspiciously like an off side position to run most of the way down the pitch and although he was caught there, was sufficient support for Portsmouth to score under the posts. This clearly deflated the hospital side and for a spell they lost their rhythm and discipline allowing Portsmouth to score again for a 19 points to 8 lead.

Guy's showed their real character to come back with two late tries with first Eddie Behn going over after the ball had been obtained in broken play for about 7 consecutive rucks and then from a rolling maul, Davies was driven over by the pack for his second try. Much to the relief of spectators, Behn, having missed several earlier kicks at goal, put this one over to take the hospital to a 20 points to 19 - a thoroughly deserved win.

In one way this was a most satisfying win. It was probably the best team performance of the season particularly in the pack where the front row of Clinton, Edmonson and Tsolakides were outstanding and clearly rattled their opposition front row who had been expecting an easy game. Clinton in particular is showing the benefit of a real attempt to get fit and played probably his best match for the first XV. Tsolakides is as competitive as ever and never gave his opposition prop any respite all afternoon. Wood and Scholefield won ample line out ball but the side really made their mark in the loose where Davies, Ryan and Challa-

combe worked well. Edwards-Lunn at stand-off half showed that he has a fine pair of hands, picking up everything that his scrum half Morgan could throw at him and with further attention to his kicking could turn into a really fine fly half. The backs played their full part in attack and defence with Etok looking particularly dangerous when he decided to go for the outside break instead of turning back inside.

On the other hand this was one of the least pleasant games to watch in that the language of the opposition, particularly their captain was disgraceful and the whole side gave volleys of complaint and unwanted advice or instruction to the referee throughout the match. Their petulance certainly took the edge off what otherwise was a very fine display of rugby.

TEAM Tsolakides G, Edmonson M, Clinton R, Challacombe B, Scholefield B, Ryan G, Davies P, Wood, Morgan P, Edwards-Lunn T, Etok R, Behn E, V Velsebough, Ade Adejuwon, Nicholls E.

SCORERS Davies P (2T), Behn (T,C,P)

SJC

Guy's & St Thomas's Hospitals
V
Esso Fawley RFC
4th April 1998 London League 3SW
Result: Guy's 20, Esso 14

This was the last League game of a season in which we had come so close to retaining the Hospitals cup and it was, therefore, important that we finished the season on a high note. This game had originally been scheduled for mid-March but Esso had cancelled due to a waterlogged pitch. Having rained heavily in the days preceding this re-arranged fixture, we fully expected to be playing on a pitch resembling a First World War battlefield. To make matters worse this was an international weekend and Esso were determined to play the fixture at such a time that we would be unable to see any of the England Vs Ireland game.

The fact that there was a sprinkling of grass on the pitch lulled us into a false sense of security that we might be able to play some open running rugby. Within moments of the kick-off it became clear that we were playing against a very average team in very wet and windy conditions. For the first 20 minutes it was stalemate (The Somme) with neither side able to hold onto the elusive wet ball long enough to make any real attacking moves. Guy's were still trying to play champagne rugby from within their own half when Esso turned the ball over and their centre streaked through some weak midfield

tackling to score under the posts. The try was converted and Esso immediately scored a penalty goal following an infringement from the restart.

Turning round at half-time 0-10 down seemed to fire up the Guy's side and within seconds of the restart Coombes, guesting at fullback, fielded a kick by touch on the halfway line and beat four tacklers to score in the corner. Guy's at last started to play and Davis and Ryan began winning some good ball in the loose while Thorpe took command at the lineout. From a penalty near the Esso line Challacombe ignored the set move called by the captain, tapped the ball himself and was fortunate to ground the ball while being tackled in the right corner. The kicker, Ed Behn, was finding it difficult kicking into a force 10 gale and managed to move this conversion and those to follow only about three yards. Moments later a ruck in the right corner found Challacombe standing out and taking a pop pass to score his second in the same place as his first. Guy's started to look as if they were going to run away with it as Morgan sniped well and fed his forwards round the fringes of the rucks and mauls.

With 10 minutes left another ruck on the right hand side enabled Challacombe to put Scolefield over in the corner to stretch the lead to 20-10. Just when it looked as if Guy's were home and dry Edwards-Lunn, making his only mistake of the afternoon, threw a long miss-pass which the oncoming Esso centre intercepted and1 ran in under our posts. Guy's then had to hold on for a nervous final few minutes before coming out victorious at 20-14.

Congratulations must go to the captain Greg Ryan for the 20 league points (our most ever) gained and of course for his two successful years in charge of the Club. I also hope we are able to persuade the RFU that we are too good a side to be relegated on the grounds of poor administration.

Team: Clinton R, Edmondson M, Tsolakides G (Baladasan D 40), Scolefield B, Challacombe B, Davis P, Ryan G (capt), Thorpe B, Morgan P, Edwards-Lunn T, Etok R, Behn E, Gush P, Nicholls E, Capt J Coombes.

BJC

The Hospitals Cup Final
Guy's/St. Thomas's v St. Mary's/Imperial
4th March 1998
Old Deer Park
Lost 20-31 (after extra-time)

The 126th Hospital Cup Final was played in front of a huge crowd at Old Deer Park. The early rain had abated and the game was played in sunshine with a soft ground. The crowd included consultants from each of the Hospitals and JPR Williams who had been a pre-match lunch speaker. The occasion and competitions were sponsored by Medical Sickness who continue to provide valuable support.

The match turned out to be one of the closest and most exciting for many

years. Guy's/St. Thomas's having been 17 points down with only 19 minutes remaining staged a marvellous comeback with three tries to lead 20-17 with less than a minute left. However, Mary's/Imperial proved to be the stronger in extra time.

Guy's endured some early pressure from St. Mary's (Imperial Medicals) before taking play into the Mary's half with an encouraging two strikes against the head. This led to a penalty chance which was just wide.

The impression at this stage was of overactive defences against fairly cautious offence close to the scrum. After 10 minutes there was a monumental punch-up and the referee took some minutes to talk to the Captains and cool things down.

Thus the early part of the match was really a major contest in the forwards where the front row who had initially looked uncomfortable began to settle down and put their opposite numbers under pressure. An early chance was eschewed when a penalty to Guy's on the opposition line was reversed for retaliation after the referee's whistle. However, all the early play was in the Mary's half with a great display by the Guy's forwards up to this point.

This pattern of play was rudely interrupted when on their first real incursion into the Guy's half Mary's were awarded a penalty try. On their second incursion just on the stroke of half time they scored again after a fast break from the Mary's back row. Thus the half time score was 14-0.

The lead had stretched to 17-0 with a penalty before supporter despair was turned to excitement as Guy's scored in the corner when Thorpe charged down a kick and then under the posts when Davies shimmied through to take the score to 17-12 to Mary's.

Excitement really built up to a crescendo as Guy's scored wide out to take the score to 17 all. Davies then dropped a goal in the last 2 minutes but just as Guy's thought they had won the cup the scores were levelled at 20 points all with a penalty to Mary's with the last kick of the half.

Thus for the first time for many years the cup final went into extra time.

Unfortunately Guy's were not able to sustain the enormous effort they had made during the match and two penalties to Mary's really sealed the issue. To add insult to injury a touch kick by Mary's failed but their wing scorched through to score and put the game beyond Guy's reach.

This really was a terrific effort from the Guy's side and the pack in particular. It was one of the most exciting finals for many years although it would have been much more exciting if the referee had blown for time 30 seconds earlier. The back row of Ryan, Davis and Jacks were outstanding and the front 5 had the satisfaction of winning 4 against the head and giving the Mary's front row an uncomfortable afternoon. The defence of the whole side

was unrelenting though it has to be said that the Mary's backs always looked dangerous when they had possession and the crowd were longing for Ekowa to be brought into the game more frequently. However it was not to be and we must wait another year for revenge.

Team: Stacey J, Edmondson M, Woodsford D, Thorpe B, Wood B, Ryan G (Capt), Davis P, Jack C, Morgan P, Davies N, Ekeowa U, Behn E, Costello J, Etok R, Pymm. Replacements: Challacombe B. Clinton R

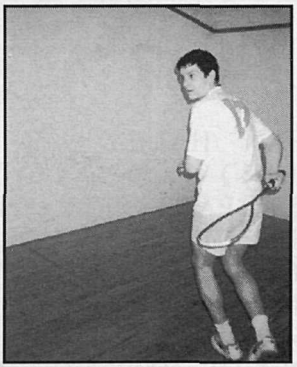
Scorers: Thorpe B (T), Davis, P (T), Davies N.

SJC

SQUASH CLUB

UH CUP HELD AT St GEORGE'S MEDICAL SCHOOL 15th MARCH 1998

Guy's and St Thomas' squash players have dominated the UH Cup scene for the past two years. Ben Jones completed a second successive UH Cup victory as captain of UMDS squash, continuing a 100% inter-hospital record since taking charge of the club in 1996. The team was ruthless in i's defeat of all the hospitals in the qualifying rounds with Toby Zundell destroying his opponents, without conceding a single point. Although a UH team for squash does not formally exist, it would surely consist mostly of UMDS players whose standard is so highly regarded amongst inter-hospital undergraduates. It is the depth of the UMDS team which has seen their impressive rise to the top end of the University of London Squ,ash league as well as a team spirit and enthusiasm almost unheard of in a modern hospital squash club. The UMDS procession continued in the semi-final, inflicting a humbling defeat on St George's Hospital without conceding a single game. They were now to meet the Royal Free in the final and having already thrashed them in the qualifying round the result looked to be certain. Although Irfan Halim struggled at number one losing to the Royal Free first seed Tim Nicholson, the rest of the team won convincingly without losing any games completing a Grand slam in hospital matches in 1997/98. Toby Zundell conceded his



The captain playing hard.

one and only point in the entire tournament much to the delight of his opponent. A relatively young side,

UMDS has many more years of UH Cup success ahead but as is the case with all Inter-hospital tournaments as mergers go ahead the competition will lose tradition and competitive edge. Ketul Patel whitewashed all his opponents demonstrating his ability to run his players off the court with a combination of fitness and skill. He has been a huge asset to the club this year, performing to a consistently high standard. Second team player Marcus Bishop's exceptionally tight play proved too good for his opponents, revealing the depth of the UMDS squad and showing that any of the first 8 could perform to first division standard. Ben Jones' power play forced repeated mistakes by his Royal Free opponents resulting in a comprehensive win in the final.

UH CUP TEAM RESULTS

1. IRFAN HALIM UMDS beat UCM (4-1)
2. KETUL PATEL SEMI FINAL
3. TOBY ZUNDELL UMDS beat St GEORGE'S HOSPITAL
4. BEN JONES (Capt)(3-0, 3-0, 3-0, 3-0, 3-0)
5. MARCUS BISHOP FINAL UMDS beat ROYAL FREE HOSPITAL (0-3 , 3-0, 3-0, 3-0, 3-0)

The squash club has a relaxed and most enjoyable atmosphere with regular social evenings and coaching for players of all standards. UMDS squash is sponsored by Donnay. If anyone is interested in low priced sportswear, tennis equipment, squash racquets, sports bags or table tennis bats, please contact Ben Jones for a catalogue and prices. The squash club continues to run over the summer and we are hoping to start a doubles league. We can provide racquets and balls. Coaching and training is available to all on Friday evenings from 5:00pm onwards.

Ben Jones

The club captain was recently awarded full blues

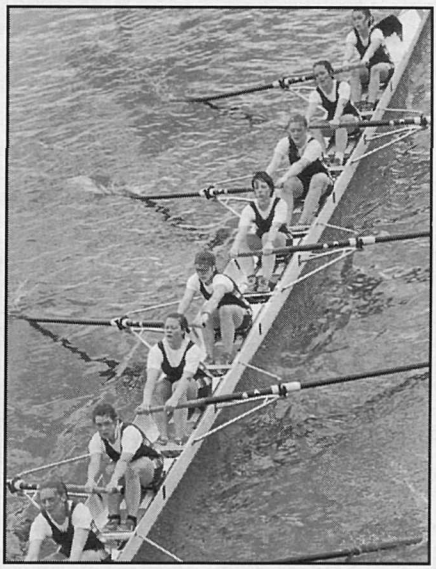
UMDS Boat Club

The most prestigious event that the UMDS women's crew enter (other than the Henley Women's Regatta) is the internationally attended race; 'Women's Head of the River'. This is a 4.25 mile slog from Mortlake to Putney (the reverse of the Oxford/Cambridge boat race). UMDS entered three crews this year, their first VIII, the freshers VIII and the geriatric crew of old girls. Practices had gone well for all three crews until the night before when the first VIII had gone out in gale force winds and tidal waves. El nino was working his magic. The crew were rowing hard to go nowhere and got drenched in the process. Surfboards and wetsuits would have been more appropriate attire. This made the task of the following day slightly less ap-

pealing and on Saturday morning the wind was still high.

The first VIII crew went off at their highest pace to date of 50/250. The other two crews were one behind the other slightly further down. Within 25 minutes from the start it was all over. No great catastrophes had occurred on the way to Putney and all that remained was to get back to Mortlake in one piece. This has to be the worst bit, as it takes well over an hour to get home. The socialites went for a big calorie session, the wounded went home and the social climbers drove to Oxford for the 'social event of the year'. Monday yielded the results of our hard efforts. Elizabeth Dover used her technological knowledge and 'surfed the net' to retrieve the results. The first VIII were faster than all the other London colleges achieving 111th position, but unfortunately were no where near last years stomping effort, when we achieved 69th position. The geriatric crew overtook the freshers (but it took them until Barnes bridge to do it - well done the freshers!) coming 152nd and 153rd respectively. Thank you to all the crews for the welly that they put in. Long live the UMDS reputation.

Virginia Rootkin



'The Women in Action'
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Paul Stephen Clarke

Paul Stephen Clarke died on the 19th January 1998 at his home in Queensland Australia. He is survived by his wife Madeleine. Our thoughts are with his friends and family.

Do not stand at my grave and weep,
I am not there; I do not sleep.
I am a thousand winds that blow,
I am the diamond glints on snow.
I am the sunlight on ripened grain,
I am the gentle autumn rain.
When you awaken in the morning's hush,
I am the swift uplifting rush
Of quiet birds in circled flight.
I am the soft stars that shine at night.
Do not stand at my grave and cry,
I am not there; I did not die.

Channa Withana

Channa Savinda Withana was a second year clinical medical student at UMDS when, on 19 March 1998, he died from a rare form of cancer. He was a very dear friend to many of us here and we shall remember him by his cheeky, yet charming, smile and his easy-going manner. His talents in life were numerous. As a gifted musician, he played in many bands. He would spend countless hours perfecting different melodies and parts of songs on his keyboard and guitar, then play back his creations to an audience of friends in awe. Channa's personal favourite was the Eagles' "Hotel California", which he woke up to everyday along with his annoyed neighbours! He was also an accomplished badminton player, having played at county level and gained many trophies through his prowess. He was a bit of a pool hustler and of course, a distinguished medical student.

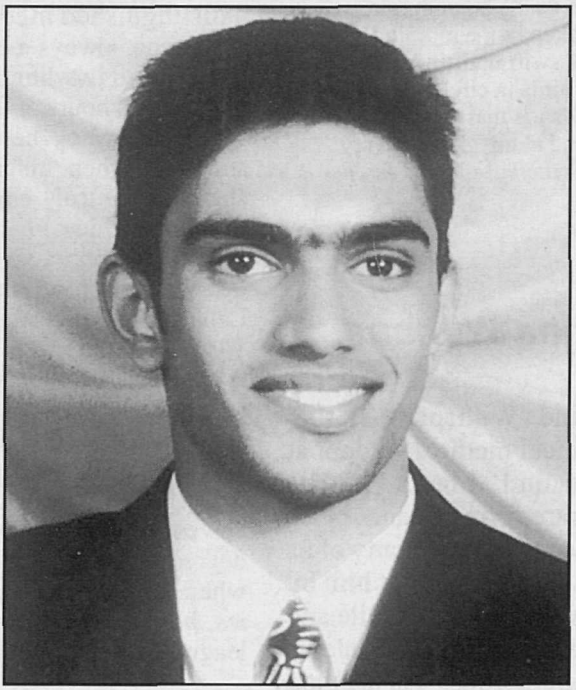
Channa, always a nocturnal character, enjoyed bowling and playing pool in the small hours of the morning. This was also when he did most of his studying when his mind was at its sharpest. He truly enjoyed life twenty four hours a day.

Born 19 February 1975, in Scotland, Channa spent his formative years in Sri Lanka before returning to Britain aged 14. He went to school in Harrow Weald and then came to UMDS in 1993 to fulfil his ambition - that of becoming a doctor. His dogged determination enabled him to go to UCL for a year where he read neuroscience and received a well-deserved B.Sc. (Hons) degree. He then returned to UMDS where, while proceeding with his studies, he continued to entertain his colleagues in his inimitable fashion.

Channa was genuine and without petty vanity. Having been diagnosed just 4 and a half months before his tragic death, not a trace of self pity could be seen in him. He was like that and he resented any pity offered to him. Two months after being diagnosed, Channa continued to persevere with his studies and deservedly succeeded in his Paediatrics finals. This was his favourite speciality and he had aspirations of one day becoming a Paediatrician. In those last months his ceaseless ability to uplift those about him made it all the more difficult to believe the extent of his illness. He had every intention of making a full recovery and nothing could dampen his spirit.

Channa leaves behind a loving mother, father and elder brother, Kushan. Nowhere will his loss be felt more keenly than amongst his family and it is with them that our thoughts lie at this sad time.

Nisheeth Rajpal and Molin Navamani
Medical students, UMDS



ANY VOLUNTEERS ?

In years gone by, and some readers may remember them, nurses paid to be trained and were in effect voluntary workers on the wards. But that is a long time ago and although nurses in training are no longer paid an allowance, they are not expected to work as part of the team until they are qualified. This has meant a great change in the composition of the workforce, and once again volunteers are being sought to make up the shortfall.

Volunteers have always been welcome in hospitals to help. But in most ways their role has been confined to non-clinical tasks. Now, I hear that volunteers may be invited to carry out more simple 'hands-on' jobs. What are we to make of this ?

I first heard of this possibility on BBC Radio 4, when Geoff Watts in his excellent programme 'Medicine Now' gave the subject an airing. Since hearing this I understand this admirable programme has been chopped in the latest attempt to 'dumb down' the channel. The prospect of volunteers being involved in wider aspects of patient care was discussed by Rabbi Julia Neuberger speaking for the King's Fund.

I have nothing against the ubiquitous Rabbi Julia, but her name seems to pop up on so many occasions I often wonder how much time remains for her to continue with her preputial proprietaries and suchlike! She gave full support to this extension of voluntary work.

I must admit to being somewhat surprised. There are a number of issues that come to mind. What is the legal situation for voluntary workers, when their duties encompass those areas we know are now targets for complaint, and wish to sue? Nurses now have their own 'accountability', for which they are trained and responsible; I'm not sure how volunteers can become professionally responsible in this way. Maybe they can work in the same way as other 'care assistants', and responsibility is held on their behalf by the trained nursing staff?

What does this hold in store for 'care assistants'? Are their jobs at risk from volunteers? Will fewer of them need to be employed if such a scheme gets off the ground in a big way?

So many questions! But I have just seen, in the wake of the celebrations being planned for the NHS's 50th birthday in July, that the Secretary of State for Health has written a letter, which is being widely circulated to staff, requesting ideas and ways in which to improve the service offered to patients. All very noble and good; but does the notion of hordes of volunteers' suggestions look like the sort of thing he is looking for?

In any occupation, where folk are ready to give their services free of charge there are many points to look at. Why are they doing this, and what ef-

fect will it have on those who gain their livelihood through work they may be displaced from by volunteers?

In the 'good old days' when nurses were unpaid skivvies, as it used to be said, consultants also gave their services free at many hospitals. They got their income from private work, and used the hospitals to 'practise' on the poor - allegedly. There certainly is an air of condescension apparent when philanthropic individuals behave in a charitable manner towards those less well off than themselves, by doing them 'good'.

The NHS was set up to alter this, and to annul some of the inequities. Not that nurses can always achieve this, but there has been some success. The service is free at the point of use, though everyone pays through taxes, or insurance revenue. To change all this and increase the position of voluntary workers, just because the NHS is short of cash, seems most unfortunte at this time of critical celebration.

I daresay my concerns arise as a result of late listening to the radio, and are not likely to hinder nurses' ability to continue to care for patients in the manner to which we have become accustomed. But I do think nurses need to be on their guard against any potential threat posed by the replacement of the 'professional' by the 'volunteer'.

Denis Cobell

Gazette

Internet Home Page

The Guy's Gazette is now available to all on the World Wide Web! Articles from the monthly journal can be found at the address below, as well as links to other medical and dental related sites.

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February Quiz Winner

Helen Lupson
Year 4 Dentist

Answers will be published in the June issue of the Gazette

Many thanks to Warner West End for donating the prize.

New Subscribers

TJ Palmer has recently subscribed to the Gazette.

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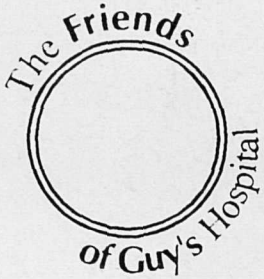
GUY'S HOSPITAL, MEDICAL & DENTAL SCHOOLS

Gazette

June/July 1998

- Tony Gardner writes on . . .
- Winter Elective to USA
- National Smile Week



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whose origin dates back to 1895.

The Friends provide amenities and equipment which the hospital is not able to provide and it supports research. The Friends run a shop in the hospital grounds selling flowers and other items as well as a Trolley Shop to the wards. Volunteers who provide this service find it very rewarding. They need and welcome anyone who wishes to join them.

It is easy to join the Friends. You do not need to be an ex-patient, although many of our members are. The minimum subscription is £1.00 a year but EXTRA DONATIONS are greatly appreciated. Cheques and postal orders should be made payable to "The Friends of Guy's Hospital" and should be sent to: The Secretary, The Friends of Guy's Hospital, Guy's Hospital, London, SE1 9RT. (Tel. 0171 407-1058). Contact the Secretary if you require information regarding DEEDS OF COVENANT or LEGACIES.

In recent times we have provided grants for:

- TVS for Samaritan Ward for patients cared for in isolation
- Support the Guy's Nurses League Annual Journal

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

GUY'S Gazette

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PASSIM

Is the 'sign up' worth it?

(Continuing the readers' passim theme proposed in the last issue)

As another academic year comes to an end, clinical students are receiving their marks for attendance and application. The sign up is a part of every clinical student's life. Having myself been subjected to the call into the consultants office to be told, "You've done well/ fair/ poor" it struck me that six out of the eight on the firm had all received the same mark. This set me thinking "Does everyone get the same grade?"

There are those who say that a 5 / 5 is for those students who have shown excellent attendance and application, and a 3 / 3 is for those who have shown a satisfactory level; I would agree. However, more and more firms are being given 'block' grades with those who have attended everything getting the same grade as those who have never been seen! Is this fair? In a recent round of sign ups an entire firm received 3 / 3 grades from a consultant despite attending everything they had to and a lot more, including the on call rota overnight. It also has to be noted that this consultant was away for four weeks of the eleven week firm. In another instance a member of a firm who had been an excellent attender received the same grade as someone who attended 50% of the time.

When marks are distributed like this the validity of the sign up as an assessment technique needs to be questioned, not only for those who are treated unfairly by the system but to those who benefit from it. Perhaps the most important point to make is that the continuous assessment of students should reward those who are good and catch those falling behind. To finish, one consultant asked their firm what their grades should be. They duly received...

Name supplied
Year 4 Clinical Student

Guy's Hospital

BIENNIAL DINNER

The next Biennial Dinner will be held at the Connaught Rooms on Friday 2nd October at 7pm. This will be not only the last Biennial Dinner of the century but also of the millennium and we hope that as many people as possible will attend. Many years find this a great opportunity to arrange a reunion. All Guy's graduates, medical and dental , all UMDS graduates and all consultant staff of the Guy's & St Thomas' Hospital Trust are eligible to attend.

Tickets will be £45 each to include wine and, as usual, a cash bar will be available before and after the proceedings. Would all those wishing to obtain tickets, please either contact me on 0171 955 4052 or write to me in the Department of Surgery, 2nd Floor, New Guy's House at Guy's Hospital, London SE1.

Martin Jourdan
Honorary Secretary
Guy's Biennial Dinner

Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Editorial Errors!

Dear Readers,

Apologies to all concerned regarding the last issue of the Gazette which at my last count contained five spelling mistakes and a couple of layout errors.
This is not a sign of deterioration in the editing of the Gazette, rather a symptom of having to work with a pre-historic computer. However, these problems are no more, due to the wonderful generosity of Friends of Guy's we will shortly be producing the Gazette using a new machine. Many thanks to the Friends of Guy's for their long standing support of the Gazette. It will certainly save me the task of having to write further letters such as this to all our readers!

Regards,

Nabeela Ahmed
Editor

Laurence Usiskin

Dear Madam,

To all those who contributed to the Laurence Usiskin Undergraduate prize - many many thanks. I am overwhelmed by the generosity everyone has shown. Your wonderful contributions have given me great comfort knowing that this Prize will link Laurence's name in perpetuity with Guy's, to which he gave so much of himself.

With kindest regards,

Sue Usiskin

Honoured Manitobian

Dear Madam,

Recently I attended the Annual General Business meeting of the Manitoba Medical Association, a Division of the Canadian Medical Association, in Winnipeg.
At this meeting Dr. C.H. (Bud) Opie was honoured `Physician of the Year' for "significant contribution to the practice of medicine and/or community by a member of the Manitoba Medical Association." Dr.

Opie, after serving in the British Army, and in the 82nd Airborne Division of the American Army during the Second World War, qualified at Guy's in 1952 and after being a house surgeon, practised in Rhyl until he emigrated to Canada in 1965. He has practised family medicine, obstetrics and anaesthesia in Pinawa, Manitoba, a town of 3000 people, 100km north east of Winnipeg, since then. Dr. Opie has also provided occupational health services to the Atomic Energy of Canada Limited plant in Pinawa for more than 25 years. Colleagues, medical, nursing and other health professionals have attested to how Dr. Opie upholds the finest traditions of the medical profession and how he shows his appreciation of all members of the team with whom he works. Dr. Opie served on many medical committees in Pinawa and is a long time member of the Manitoba Medical Association. For eight years he was a Council member of the College of Physicians and Surgeons of Manitoba, the governing body of medicine in Manitoba, and in 1973-74 he was President of the College. Dr. Opie has engaged in many voluntary activities in such organisations as the David Suzuki Foundation, the World Wildlife Fund, the Salvation Army, Oxfam, the Children's Hospital Research Fund and the Society for Manitobans with Disabilities. In 1992 he was awarded the Canada 125 Medal for exemplary citizenship. I thought it fitting that a larger audience than just Manitobans should be aware of how honoured and distinguished a person Dr. Opie is, someone who began his medical career at Guy's Hospital.

Yours faithfully,

Anthony S. Valentine

Family Tracing

Dear Madam,

I am writing to you hoping that you can assist me with tracing part of my family tree. My Great Great Grandfather Arthur Granville ADAM before coming to Australia was supposedly a doctor in Harley St. London but I am trying to establish where he did his training. He was married in 1885 in England and was about 30 years old at the time of his marriage. If he was at your hospital he would have been there between 1870 and 1885. Hoping you can assist and that I will hear from you in the near future.

Yours faithfully,

Ken Flood

Moving Thomas Guy

Dear Madam,

I was horrified to see a notice on the statue of Thomas Guy to say that this could be moved from its present position in the front quadrangle to a permanent place in Thomas Guy House. I have daily walked past the statue of my Founder since I came here as a student 38 years ago. I think the enclosed poem summarises my views.

David Tong BSc FRCP FRCR
Consultant Radiotherapist

A HOME FOR INCURABLES?

They tell me the bones of Thomas Guy
In the hospital chapel safely lie
But his statue, standing just nearby,
May be shortly moved, don't ask me why.
T.Guy Esquire (or rather his bronze efigy),
Is not safe from planners, it seems to me.
They want to move him into the dry
Where glass and concrete reach the sky
And they can put him with the potted palms,
In a quiet atrium, out of harm.
But he has faced the gates of his alma mater;
Survived buckets of paint and water;
Breathed in fumes and dirty Southwark air
Yet in the nineteen nineties, he is still standing there.
He has emerged, unscathed, from two World Wars;
Seen hospital Chairmen, by the scores;
Been the backdrop of numerous interviews;
In photographs on profile, in Nursing News.
He has smiled or brushed off student pranks;
Been a traffic island, with little thanks,
From Consultants or from taxi drivers,
But, he has been one of Southwark's great survivors.
So, to all you evil planning bounders:
Do not uproot the statue of our founder.
Leave poor Thomas well alone
And find a replica a lasting home.
Do not make his alumni cringe and groan:
He is not a bloody garden gnome !

Tong In Cheek !
May 1998

Moving Thomas Guy

Dear Madam,

Your readers might like to be informed that if they walk through the front quadrangle of Guy's they might be lucky enough to observe a small notice attached to the railings which surround the statue of Thomas Guy. This states that an application has been made to have the statue replaced by a replica. My understanding is that it is intended to place the original in one of the atria in Thomas Guy House. In the Residents' Play of 1955 (Disguysed or You Can't Take It With You) the plot involved some rogue members of the staff gradually dismantling the hospital and selling it piecemeal so it could then be reconstructed in Texas. The play opens in a storm with thunder and lightning with Thomas Guy, on his plinth, addressing the audience as follows:

Bibles and Bubbles, what a plaguey night,
Thank God my metal case is watertight,
What apparition comes to tease me now
Did I a play or bawdy-house endow
That row upon row of faces in the gloom
Stare from what ought to be a lecture room?
Stare as you please. For I am Thomas Guy
Whose bounty, you're obliged to justify.
Men called me miser but they took my gold
And stood me here to shiver in the cold.
When the sun sets and peeling noses heal
Then on my cheeks my molten tears congeal.
Pox on the pasty sculptor, silly ass,
Who'd never learnt the latent heat of brass.
I gave my gold to Guy's, which in reply
Could spare some copper for a Thomas Guy.

He goes on further to lament the loss of many familiar landmarks on the Guy's site and concludes as follows:

Robbery's rife: I've hit upon the plot:
Some madcap scheme's afoot to steal the lot,
Who would not laugh if such a plan there be?
Who would not weep if the next to go were me?

I have a feeling that many of your readers will feel incensed that there is a proposal to remove the statue of the Founder of our hospital, surrounded as he is by listed buildings and the chapel where he is buried. The intention to put his statue in Thomas Guy House is good but that is where the replica should go. If any of your readers agree, I suggest they write their objections to the following:

The Head of Planning & Regeneration
The Planning Division Council Offices;
Chiltern Portland Street
London SE17 2ES

quoting reference: 9800441 and they might also feel like sending some comments to the Gazette:

Yours faithfully,

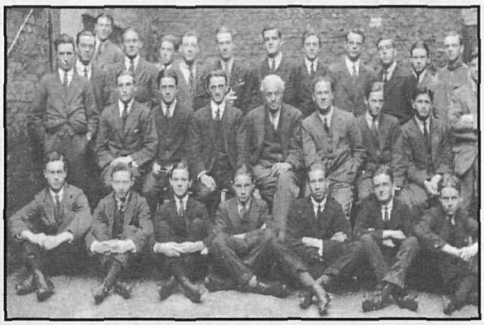
George Scott

(Acknowledgements to Patrick Montgomery for the prose)

WG Booth

Dear Madam,

I thought the following photo might be of interest to readers of the Gazette. My father, WG Booth (Guy's 1917-23) is seated second from left in the second row (next to the chap standing with his hands in his pockets). He subsequently gained an MD and became a Medical Officer of Health. I followed him to Guy's in 1947. In the middle of the back row (8th from the right) is his friend Harry Richards, known for some years as `Caliban' - presumably from his part in `The Tempest'. They were members of a gang of friends who called themselves `The Spirochetes' - a light hearted social group with its written rules of behaviour. This looks like a preclinical group - who was the senior gentleman in the middle? I'm afraid all these chaps will be down under by now but a comment by a young relative was `Don't they look smart for medical students!'



Smart students

Yours faithfully,

Anne Kirkbride (nee Booth)
Guy's 1947 - 53

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Merger will not affect admissions

Many people are still concerned about how easy integration of the medical schools of King's and UMDS will be. However, it was reassuring to see that individual departments seem to be working hard to ensure that this is made as feasible as possible. In a recent conversation with Professor Susan Standring, (Dean of admissions at UMDS, and to be Dean of admissions of the merged institution), she was very positive about what will be the new common entrance requirements. My concern was how disparities between the entrance policies of the two institutions would be resolved. In fact it appears there are actually few differences between both medical and dental admissions policies. I did point out that candidates re-applying for various reasons were traditionally viewed differently by the two schools. This point was accepted, but it appears there is currently no viable way to resolve the current emphasis on extremely high academic criteria, due to the huge number of applicants. However, Guy's, King's and St. Thomas" will continue to operate individual discretion regarding exceptional cases involving students who would previously have received offers. This can only help to ensure that the type of student the new medical school admits, will correlate well with the previous ethos of UMDS.

Research Front

Media Hype or Political Indolence ?

The media seem to have reached that time of year again where special medical reports, and live hospital interviews are the done thing. A recent example was the announcement that there was only one useful antibiotic left, and that this was all down to the use of antibiotics in animals. Although of course such reports are based on fact, is the alarmist nature in which they are reported justified? The problem of antibiotic resistance is not a new one. It largely arises from a progressive series of mutations making bacteria more resistant, and hence the fact that the last new antibiotic to be released onto the market (Minoxidil) is now 20 years old. Therefore, the scientific community has been aware of this problem for years. It is hindered however, by severe underfunding. Why would the government choose not to fund new antibiotics? It is a problem that they don't have to worry

about today - and why fund new antibiotics when the public wants cures for cancer? This is not to belittle the importance of cancer research, but no-one would disagree that the potential scale of this problem is huge. It could potentially throw us back to the days before antibiotics, when Spanish Flu killed 20 million people. What could be very effective in reducing this potential threat is the re-education of general practitioners to reduce the prescription of antibiotics, and putting more funding into hospital sanitation to prevent the build up of ultra resistant strains. Yet to date little has been done, and the media at large are no doubt sure that finding a new wonder drug is the only way forward.

Considering pandemics have historically occurred every ten years, we are already more than five years overdue. Would we be able to cope? Unusually we are one of the few countries with an action plan, albeit a wholly insufficient one. The speed of vaccine development is slow, and this would mean there would be a severe lack of effective vaccine, and the alarmingly rapid spread of secondary bacterial infection would render antibiotics ineffectual. Has action been taken to prevent what could potentially wipe out a large proportion of the population in a very small amount of time? Are the public really aware of the potential seriousness of such an epidemic? I think the answer is clear.

However, two new therapies were recently paraded unashamedly throughout the media, along with, of course, the obligatory phrase of any reputable medical bulletin "this may be the magic bullet". A cure for cancer? Perhaps this was a little hasty. I am of course referring to the new drugs which as one reporter put it "attack the vine" (blood vessels), "as opposed to the grapes" (cancerous tissue), and have been able to cure every cancer tested in mice. Only if we make the assumption that rats have an identical metabolic architecture to humans, and then the leap of faith to suggest that side effects will be minimal when used in humans, can we even begin to suggest that this may be an instant cure. Such developments represent major advances in our understanding of the control of metabolic processes. However, is the misleading of the public by omission to explain the time scale required to turn basic medical scientific discovery into therapeutic reality appropriate?

Antisense therapy was another "magic bullet" receiving recent attention. The concept is to use a single strand of DNA encoding target strands produced in the body, to modulate

metabolic activity. It represents both the simplicity of scientific ideas that our most brilliant minds can produce, and at the same time, the complexity of converting such an idea to a therapeutic reality. Antisense therapy is dogged by problems with targeting, enzyme degradation, and non-specificity, and as yet, we are a long way off from the "magic bullet".

My point? Taking research discoveries out of context helps no-one. It creates false hope, that no researcher in the world can conjure into a reality. We saw the same hype over the potential use of antibodies directed specifically against tumour cells, but once again to date clinical trials have shown low levels of success. Secondly the media could spend less time hyping the potential dangers of Vancomycin resistant strains of bacteria, and direct their assaults on dogging the people who can effect change, rather than scare mongering. The government need to be made fully aware of the implications of the bacteria problem, the influenza problem, or indeed the fact that in the face of chemical weapons use, the one anthrax vaccine available (MDPH), is only resistant to one of the five natural strains, with more known to have been chemically synthesised. Perhaps a change in attitude is long overdue.

THE LORD BROCK MEMORIAL TRUST HISTORICAL ESSAY COMPETITION 1998

The Lord Brock Memorial Trust, which is responsible for the Old St Thomas' Operating Theatre, Museum and Herb Garret in St Thomas Street, opposite Guy's Hospital, holds an annual competition for an historical essay on a medical subject. Any medical historical subject can be chosen, but there should preferably be some connection with Guy's Hospital, St Thomas' Hospital or the Medical School. The prize is £300. The competition is open to anyone associated with Guy's, St Thomas' or UMDS.

The closing date is 31 October 1998. For further written details, please contact Anne Rigby in the Special Trustees' office on Guy's extension 5316 or 0171 955 4996. April 1998

Hospital Newsletter hits cyberspace

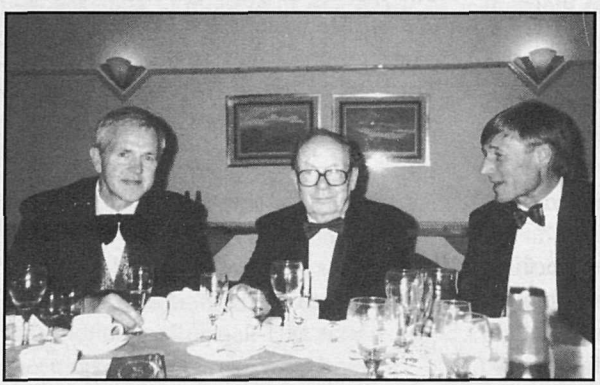
Guy's Gazette, the newsletter for Guy's Hospital, London, has gone online. Articles from the monthly publication plus links to other medical and dental sites can be found at www.umds.ac.uk/guy's-gazette.
E-mails can also be sent to guys-gazette@umds.ac.uk

The above was printed in Hospital Doctor - implying that there is someone out there who reads this publication!

Editor

30th CONSECUTIVE ANNUAL DINNER FOR GUY'S `69 CLUB

The 30th Consecutive Annual Dinner of the Guy's '69 Club was held at the Tewkesbury Park Hotel early in March with over 40 members and their spouses attending. The club is composed of the Dental Year qualifying mainly at the end of 1968 and in '69 and have met annually for their dinner. Perhaps this constitutes some sort of record for year groups at Guy's? During this period the organisers have been Stephen Challacombe, Jenny Pallot (nee Scholes) and more recently Chris Calder.



The photograph shows this year's guest speaker Professor Declan Anderson flanked by Stephen Challacombe and Chris Calder.

Guy's Reaches Kidney Transplant milestone

Guy's and St Thomas's Hospital Trust has completed its 500th kidney transplant, but this figure could have been higher, according to its head of transplantation Dr Godfrey Clark. A continuing shortage of organs means the hospital's nephrology department, which is capable of carrying out at least 25 operations each year, is performing below capacity. So far this year, only five operations have been done.

Merger process continues. . .

On attending another merger meeting at St. Thomas' recently, I was more than a little alarmed to hear the external relations officer from King's College directly compare the impending merger with the "joining" of Queen Elizabeth College, Chelsea College, and the Institute of Psychiatry "to become part of King's". When this point was raised by an equally anxious member of the audience, such a situation was of course vehemently denied. However, it seems as if what is said, and what is thought by different members of the new institutions may at times be at odds. Another prominent feature of the talks was how the new merged institution would soar up the now fabled university league tables, and above the position of University College London, with whom there appears to be an ongoing rivalry. Does all this bode well for students? The institution would have us believe so. Sir Cyril Chantler, who will be the principal of GKT, was quick to reassure that individuals rights would be upheld in an attempt to allay the concerns of staff who would all face new contracts at the beginning of August - although the mood with regards to what would really happen after the merger seemed mixed. Our principal was again quick to react, pointing out that any such monumental change was bound to lead to apprehension, but that everything possible was being done to ensure the smoothest possible transition. The rest of the meeting concentrated on updating us as to the future fate of the medical school architecture, both existing and pending completion.

The ground underneath Hunt's House has recently been surveyed by archaeologists, who have uncovered 300 boxes of material, the best of which is to be presented at a yet unannounced date. The building itself is to have two and a half floors dedicated to laboratory and office space. This will be allocated to the UMDS departments of experimental pathology and develop-

mental biology, and those groups currently based at the Randall Institute at King's. Two half floors will constitute library space, while there will be a plethora of teaching labs and computer aided learning labs, that will double as open access workstations. Two lecture theatres holding approximately 240 and 340 seats will be included, as well as an extensive transgenic unit.

Construction began on Shepherd's House at the beginning of May. It is to contain the departments of human physiology, with a state of the art climatic chamber. Physiotherapy will have six specialised teaching laboratories, while the rest of the building will be devoted to a clinical skills laboratory. It is due for completion at Christmas and those ready to do so can move in at the beginning of the year.

Henrietta Raphael will contain the GKT school common management suite, with a seminar room, social areas such as a dining room, and a student reception area. The first phase is due for completion in January, the rest in the summer.

Radical changes to the medical school building at Guy's include a bigger dissection room in the basement, holding 15 tables, and relocation of the admissions office. This work is being carried out in stages, due to the building being occupied, but work was reported to be progressing well.

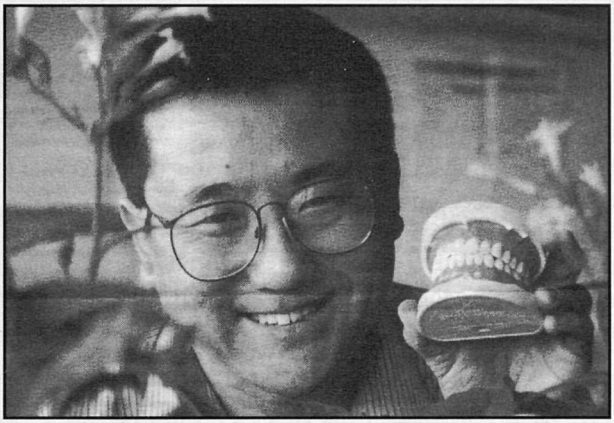
St. Thomas' campus is to be the main clinical teaching site along with Denmark Hill, with Guy's reserved mainly for preclinical teaching. The East Wing of this project has been completed, but some delay has arisen while awaiting completion of trust work. Block 9 will hold a clinical research centre, but the groups, and sizes involved are as yet unclear. We were reassured that there would always be a library on this site.

The Greenwood Theatre was described as an area that was being leased to allow for the size of lecture theatres which would be needed for teaching (250-300 seats), and for conference use.

One final point raised by the external affairs officer from King's was the need not to abbreviate to GKT. He estimated the cost of creating public awareness of this name would be somewhere in the region of 5 million pounds. One cannot help wondering how far his appeal for "abbreviation of the full name and hospital's" for ease of understanding will go.

Jason O'Neale Roach

Farewell to fillings!



Dr Julian Ma, Senior Lecturer in Immuno and Oral Immunotherapy

Tooth decay should become a thing of the past due to a new vaccine developed at Guy's Dental School by Dr Julian Ma and Professor Tom Lehner. The vaccine has been successfully tested on patients over a four month period. It is painted onto patients' teeth and can be used on adults and children.

The vaccine is made by genetically modifying plants to produce an antibody. In the mouth the antibody attaches itself to the bacteria that cause tooth decay, preventing them from sticking to the teeth.

Dr. Ma said "This vaccine is a breakthrough in the prevention of tooth decay. We have now found a way of using plants to produce this vaccine safely and in large quantities - it would not be possible otherwise."

T'he genetic engineering of plants to produce vaccines has enormous potential benefits. Antibodies like these are normally made by the immune system to protect against infections and are found in all our bodily secretions. Professor Lehner comments: "90% of human infections start at mucosal surfaces, like the throat, lungs and gut. With this technique we could make other antibodies in plants to prevent many of these infections."

The study was supported by Planet Biotechnology, a California based company who are developing this technology with Guy's. They plan to start larger clinical dental trials later this year.

Matt Tee

Tony Gardner writes on...

The next train on Platform 11 will be the 12.25 service to Caterham - calling at New Cross Gate, Brockley, Honor Oak Park..."

One can apparently be "as English as Roast Beef and Yorkshire Pudding" and even "as American as Apple Pie", but what fitting epithet for one's medical school?

Can a St Thomas' graduate be "as Tommies as Lusty's"? Or "as Tommies as a stripey-shirt-and-a-bow-tie"? How about "as Mary's as a guaranteed-place-if-you're-good-at-rugger"? I could carry on. But what of Guy's? I've toyed with "as Guy's as The Colonade" and "as Guy's as The Spit" and even "as Guy's as Hunt's House" (before I realised my error).

Eventually, I have settled upon those with blue and gold coursing through their veins being "as Guy's as Honor Oak Park".

Before I applied to Guy's, I sent off for the 1981 Medical School Prospectus. I still have it: 75 pages of wizard information about what I could expect if I became a student at Guy's. Here is what it said about Honor Oak Park:
'The ground of the Clubs' Union, which is under the control of the Clubs' Union Council, is situated close to Honor Oak Park Station, a ten minute journey by train from London Bridge Station. It is 15 acres in extent, and provides two Rugby Football pitches, one Association Football pitch, two hockey pitches, two cricket squares and eight tennis courts. Facing the main Rugby pitch is a large covered stand capable of seating 600 people. Under the rules of the Clubs' Union, every member of the Union has the opportunity of practising and taking part in matches and in various sports and games. On the ground there is a large pavilion, with men's dressing-rooms, tea room, bar and lockers. Changing-room accommodation is provided for women students in a neighbouring building. Teas and light refreshments may be obtained at moderate prices.'
And that's it. Honor Oak Park explained to the prospective 80's Fresher in 139 words.

With the benefit of retrospect, I have rewritten the brief description afforded me back in 1981 to reflect what HOP actually afforded me during my undergraduate years. I will not be offended if the Medical School wish to reproduce this in the new prospectus.

'... a ten minute journey by train from London Bridge Station.'
Which will begin with you standing with a thick head at London Bridge Station. You will return from HOP much, much later upon the train known only as 'The Last One'. In between you will encounter a sporting competition, a couple of jugs of suspicious ale, several drinking games, and people from other medical schools - one of whom has been taunted by your friend to the point of violence. You will have a hoarse voice and a strange stain on your shirt.
The journey will be repeated twice a week for most of your five years at Guy's - apart from the summer, because you're crap at cricket.
'It is 15 acres in extent, and provides two Rugby Football pitches, one Association Football pitch, two hockey pitches, two cricket squares and eight tennis courts.'

But don't worry too much about that - the actual time you will spend on the pitches is insignificant when you compare it to the time you spend in the Bar. It's got a pool table and everything and on a damp Saturday evening in 1984 someone called Pocock invented a game called Crash Pool on it. It is also famous for another event in 1987, but you'll have to ask someone else about that.

'Facing the main Rugby pitch is a large covered stand capable of seating 600 people.'
Again, don't concern yourself with that. You'll sit there only once - when watching your first Hospital Cup Rugby Match - but after 5 minutes you'll realise that the correct form is to stand on the touch line and tell the opposition winger that his mother is seriously ill in hospital.

'Under the rules of the Clubs' Union, every member of the Union has opportunities of practising and taking part in matches and in various sports and games.'
All the best ones: football, rugby, hockey and stuff. Provisions for girlies too.

The Rugby Club is very famous and you can spot the members by their big shoulders and embroidered jerseys. You will learn in Fresher's Week that Guy's invented rugby 500 years ago and had 23 Springboks who couldn't even get into the side one Michaelmas term in the 1920's. On Saturdays they have a programme with all the players' names in it - they're that important.
(As well as this addition, the sentence should be changed to: '... every member of the Union has opportunities of practising and taking part in matches and in various sports and drinking games.')

'On the ground there is a large pavilion, with men's dressing-rooms, tea room, bar and lockers.'
(Amend sentence to read '... a large pavilion with bar, pool table and fruit machine'. Who wants to know about 'lockers', and what's a 'tea room', for goodness sakes?)

'Changing-room accommodation is provided for women students in a neighbouring building'.
Unfortunately they do not appear to have a bath in there - judging by the number of women that have been caught in the men's baths over the years.

'Teas and light refreshments may be obtained at moderate prices.'
Change to: 'Pie and beans may be obtained at moderate prices, as well as beer. And lager.'

There, that should do it.

Finally, ever since I can remember, there have been rumours that Guy's will be selling off HOP as Real Estate. Can I suggest that if that happens they hold an auction to sell off the bits they don't want any more? I wouldn't mind a goal net and I know several people who would kill for a piece of the middle tin bath.

Tony Gardner

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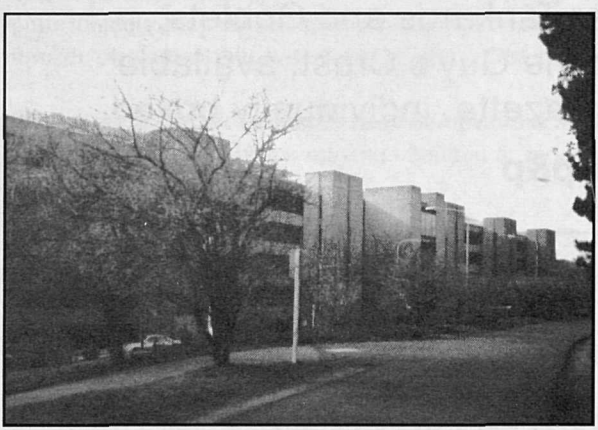
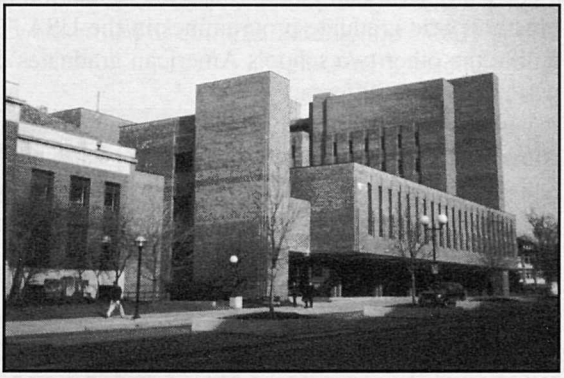
A winter elective to the USA

Towards the end of my specialist registrar training in restorative dentistry I was given the opportunity for an educational visit to the USA. I spent 6 weeks in the USA and visited Seattle, Michigan and San Antonio spending two weeks at each school. The visit also coincided with the Chicago mid-winter where I attended a Prosthodontic meeting on fixed and removable crowns and bridges. The sabbatical was generously supported by UMDS. I started my visit in Seattle, a city on the West Coast of America; it is a city famous for two institutions, Boeing and Microsoft. The city has a large multi-faculty university, which was established late in the nineteenth century and has a well-respected dental school. The graduate programme in prosthodontics has an excellent record for teaching and is renowned throughout the USA. Prosthodontics is the treatment and planning of complex crowns, bridges, complete and partial dentures; and the course lasts three years. The programme is not salaried and this means that all the graduates pay significant costs for their education. This appeared to be a deterrent to most US citizens as most of the graduates were from overseas. The department's philosophy is an integrated approach towards restorative dentistry and graduates also get experience in periodontology and orthodontics but less in endodontics (root filling teeth). Their rationale for treating patients is more aggressive than that in the UK and for that matter in either Michigan or San Antonio. The creation of a "West



Seattle Dental School

Coast of America or Hollywood Smile" with expensive crowns was as much a fashion statement as a need to repair teeth. However, great care and attention is given to the work and the results looked very good. The graduates in Seattle spend so much time making crowns and bridges that they may to some extent miss out on clinical experience. It was not unusual for the graduate students to work until midnight to finish a task that in the UK would be performed by a laboratory technician at Guy's. My higher training has focussed more on a throughput of patients, but they treat fewer patients and spend longer on each case. In common with all the other programmes in the USA dental implants are used routinely and patients are happy to pay many thousands of dollars for treatment. The cost of dental treatment is high in the USA and although patients get some discount for being treated by graduates the final bill often reaches $20-30,000 for treatment involving implants, whilst routine crowns and bridges still cost in the region of $5000. The cost did appear to affect the type and range of procedures and some appeared to be clinically unnecessary. However, the principle of graduate prosthodontics appears to be one of "belt and braces" and sometimes there appeared to be too many belts!



Ann Arbor, Michigan

The next step in my visit took me to Ann Arbor, Michigan. Like Seattle, the dental school is part of a multi-faculty university and surprisingly the university buildings were very impressive, architecturally comparing well with any redbrick university in the UK. Contrary to popular belief the weather in Michigan was warm in February and I could (`almost') walk to the dental school without a coat; even Chicago was warm. The locals blamed everything on "El Nino" and it was fortunate that I did not visit California, as this State seemed to receive more than its fair share of rain whilst I was in the USA. The dental school is made up of a mixture of old and new buildings and in many ways resembles Guy's. The prosthodontics programme had a different concept to

Seattle and it appeared to match my teaching in the UK more closely. This was not too surprising as a number of people in London have studied at Michigan for their speciality training.

The third and final stage in my visit was San Antonio, home to the Alamo. I always envisaged that the site of this famous American battle was a fort deep inside the desert. The fort is in fact in the middle of a large city populated by nearly one million people, and apart from a beautiful river walk, the rest of the city was uninspiring. With every place I visited within the USA the people were extremely friendly and helpful, but none more so than the Texans. Their steaks were huge although I still do not like refried beans and Mexican food. Give me a curry any day! San Antonio has the reputation of being one of the best prosthodontic graduate programmes in the USA. The programme is salaried and unlike the other two schools American graduates dominate the course and this was a welcome difference.

A surprising feature of all the dental schools is that newly qualified dentists are allowed to enter speciality graduate programmes. Unlike the other two schools San Antonio appeared genuinely interested in my research and this made the visit more enjoyable. The course is well run with good co-operation from periodontology but not orthodontics. This was my favourite school mainly because the department encouraged learning, even from me! The American prosthodontic programmes start at 8am and often finish at midnight which is a little longer than we do in the UK and most surprisingly the undergraduates follow a similar timetable. I freely admit that I observed them during the day but at night I adjourned to my hotel room. I spent two weeks at each school and this was about the right length of time. There is a time limit on how much you can observe other clinicians treating patients and time was an ideal compromise. After work I kept in contact with home and my family by using a modem connected to a laptop computer to send e-mail. It is a very convenient and cheap way to keep in touch with home, as local calls in the USA are normally free. Overall, this trip was a tremendous opportunity to observe how another country practises dentistry and was very worthwhile. How much these experiences change my practice, only time will tell.

David Bartlett

This visit was funded by UMDS through the Dickinson trust award.

National Smile Week

Monday 18th May - Friday 22~ May 1998

The Guy's School of Dental Hygiene campaign to promote better oral health for Smile Week consisted of five stalls, each aimed at a specific group. We set up in the Tower entrance, so that anyone coming into or out of the Hospital couldn't miss us! There was a lot of preparation. This included designing posters to advertise the campaign and speaking to various dental representatives to request product samples and leaflets. Our stalls were well organised and attracted a great deal of interest. The stalls were aimed at children, adults, the elderly and those with special needs. We were also able to offer leaflets for ethnic minorities, written in Urdu, Bengali, Punjabi and Chinese as well as many other languages. The children's stall was especially interesting, with one of us dressed as a clown. This enabled children to be entertained, whilst their parents were discussing ways and means of oral health measures with the other hygienists. The adults' stall offered a variety of samples from different companies, such as Stafford-Miller, Oral-B and Colgate and gave demonstrations on tooth models of effective toothbrushing and flossing techniques. The stall for the elderly and special needs offered advice on denture care, electric toothbrushes and ways of adapting toothbrushes to enable easier use. We also provided samples of toothpaste, denture creams and fixatives. Although very few people were actually aware that it was National Smile Week, it was surprising to find that there was a great deal of interest in our campaign. It gave us the opportunity to raise awareness of the importance of oral health

Marie Blondon, Sharon Deans and Bettina del Grosso

Natasha Johnson and Dee Gillham

and allowed us to offer beneficial advice to people who may normally have no interest in the care of their mouth. We also raised the important issue of attending for regular dental check-ups, which many people confessed they were not doing. Smile week went very well overall, leaving us feeling that we did raise awareness of dental health in a lot of people, even though many may not follow up our advice afterwards !

Charlotte Brookes
Student Dental Hygienist

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Margaret Fendick - Shop Manager

HOW TO ANNOY YOUR DOCTOR

'getting the bird...'

There are certain people that us doctors go to see with heavy heart and light kidneys. Picture the scene if you will; a nice flat somewhere in the Bexhill-on-Sea of South East London; an antequated lift has managed to carry my vast bulk up the right number of floors to the flat in question. The door is always ajar but I ring, just the same and a voice says 'come in doctor'; whereupon I cross the threshold into another world; a world where the old olfactory senses are assailed with an awful combination of stale pee and Revlon Intimate; and the aged crone is looking a shade perturbed; her face a mask of badly applied make-up - making her a cross between an ageing geisha and a retired woman of the streets.

"Will you do something for me, doctor?" (In this game you say 'yes'; no quibbling with the old dear.)
"Sure: 'What is it?"
"I've got a dead bird on the verandah."
"Ah." (She's got a dead bird on the verandah.)
"Would you take it away for me?" (Yes - of course I would.)

We conduct our business together and then the dead bird is placed in a piece of toilet paper and wrapped in a plastic bag - or vice-versa. As I leave, it is in my right hand and my case is in the left.

"Well, well...." (wait for it, wait for it:)
"...it all goes to show that a bird in the hand is worth two in the bush - what!" (not a titter - but it did happen.)

James Pitt-Payne

Memories of Sir Arthur Hurst(1879-1944)

Dear Madam,

The article in the recent Guy's Gazette by Harold Ellis on Hurst brings back some memories of an exceptional man. I qualified in medicine from Guy's Hospital in 1943 and after a six month appointment as House Surgeon to Mr E G Slesinger and Mr S Wass, became House Physician for six months to Drs A H Douthwaite, H C Cameron, and S N Behrman. This appointment also included looking after Sir Arthur Hurst who had retired from the staff at Guy's in 1939 but still made a regular weekly visit to the hospital to preside at a Combined Round on Friday afternoons, travelling by train from his house Red Gables, Headington, Oxford. It was said that he told the story that he always had an attack of asthma just as the train drew into Reading station on his way home but that one day as the train drew into the station and his attack had begun he noticed that it was not Reading after all as he had anticipated; the asthmatic attack promptly stopped.

The Combined Round was held weekly in Wilks/Bright Ward. It appears that it had started in 1919 as a regular Tuesday afternoon clinic at which a series of cases were discussed by Hurst and his staff. The clinic had developed into a major teaching session. In the 1940s three or four patients from hospital clinics were selected and presented to him. In attendance regularly was Sir Adolphe Abrahams of the Westminster Hospital, A H Douthwaite a senior consultant on Guy's staff and other consultants attended periodically, as well as distinguished British and overseas visitors. Sir Adolphe Abrahams in a letter to the Guy's Hospital Gazette in November 1944 recalled his very regular attendance at Combined Rounds, and commented 'And even with Hurst in solitary authority I do not recall a single occasion when profitable employment was not allied with intense pleasure.'

Hurst was quite deaf and had a large hearing aid about the size of an old style transistor radio with a long wire to an earpiece which he screwed into one auditory meatus. If he disliked or disagreed with the discussion which followed

his comments on the patient he turned the aid off with a loud click, took the earpiece from his ear, and turned to someone in the seat behind him, cupped his hand over his ear and engaged in a loud conversation to the discomfort of whoever was speaking and disagreeing with him. From time to time he would withdraw to Sister's room to give himself an injection of adrenalin for his asthma.

A postcard from Hurst dated 20.10.43 from Oxford addressed to The H.P. (me), Guy's Hospital has scrawled on it: 'I'm very sorry but again this Friday I cannot come to Guy's. I shall not be able to come for some weeks, but will write to you when I can begin my visits again. Yours Arthur Hurst'.

Characteristic of what could take place at a Combined Round was an intense but unrancorous discussion following the presentation of the neurologist Dr Simon Behrman's patient. This was a man of about 35 yrs of age with severe and disabling sciatica who was in hospital for assessment. Hurst regarded the condition as one which could be cured by persuasion as he had used hypnotism and suggestion for war neuroses at Oxford and later Seal Hayne in 1918. Hurst insisted that the patient stand and walk when it was obvious that this caused him great discomfort. Dr Behrman was somewhat concerned about this (he did not appear until the end of the round) and argued as tactfully and persuasively as possible with Hurst who would not give way; this discussion took place on the steps (later demolished by a direct hit from a German bomb) of Hunt's House the two men sitting there with the attendant staff standing around them.

Hurst had intense blue eyes and a commanding and stimulating presence. This was nowhere more evident than in a conversation with him in which I took part ,concerning a female patient at Guy's. She was a middle-aged woman with an hysterical paralysis of her legs and ulcerative colitis for which she had a stoma. Hurst was of course intensely interested in such patients. She was to be subjected to persuasion to restore her limb function and Hurst was curious to know whether stimulating her emotionally in this way would result in colour changes in the stomal mucosa comparable to those described in a monograph on Alexis St Martin (Wolf and Wolff, 1947). Unfortunately we were either unable to stimulate her suitably or that part of the gut did not react like the gastric mucosa and we did not record any significant changes.

In 1941 Hurst arranged for a number of medical students from Guy's to stay in St John's College during the University vacation to fire watch in the absence of the undergraduates, and I went for a fortnight at the end of August. I had a comfortable bedroom and sitting room on the top floor, complete with a large

amount of communist and German literature, and a 'scout'. I looked out onto a large mulberry tree. Meals were in Trinity College where we dined with distinguished dons. I was fascinated by Blackwell's bookshop where I bought a copy of Ryle's Natural History of Disease.

Fire watching in St John's College was not onerous and Hurst arranged a medical programme for us which included stimulating tutorials at his house, Red Gables. Beneath his Herkomer portrait subjects such as carcinoma of the alimentary tract, and coeliac disease were discussed, followed by tea and table tennis with his children. Lady Hurst, a New Zealander and contemporary of the actress Cicely Courtnedge with whom she was at school, was a charming hostess. On one occasion Hurst showed us clinical cases at the Radcliffe Infirmary where I noted that the Oxford students held Hurst in rather less respect than we did at Guys. There was a characteristically spirited discussion between Hurst and Dr Robb-Smith on nephritis in which their differences of opinion were brusquely stated.

Yours faithfully,

R I McCallum

References:

Abrahams, A. The Late Sir Arthur Hurst. Letter in Guy's Hospital Gazette. 11.11.44
Hurst, A F. A Twentieth Century Physician. London, Arnold; 1949. Wolf, S. Wolff, H G. Human Gastric Function. An Experimental Study of a Man and his Stomach. London,

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FIFTY YEARS ON

Nurses, along with other National Health Service staff, have been invited to a service in Westmintser Abbey or a garden party at Buckingham Palace this summer. The occasion? To celebrate 50 years of the NHS. Not all will get to go, of course, names go into a hat, and only the lucky ones will be present. There are also a number of other important events and conferences to mark this anniversary. Someone, introduced me to a new colleague the other day, as one of the few who has been around in the NHS since its inception. Well, that's not quite true, though I have to admit that I have been in its employ for more than four-fifths of its existence! To my surprise, in looking through some old files, I discovered that I wrote on 'Twenty years of the NHS' in 1968: "Although 30% of hospital expenditure is swallowed in nurses' salaries, there is considerable disagreement about the role these 'ministering angels' play, in proportion to the reward they receive. Nursing is a profession, but its method of training has greater affinities to a trade apprenticeship. Student nurses form the bulk of the working staff in hospital wards and account for almost the entire night staff in many hospitals". How times have changed! For, if we believe George Castledine, Professor of Nursing at the University of Central England: "The heyday of the hospital is over. It will only be a part of health care in the UK in the 2lst Century". Well, George may be right in the latter part of his comment, but I think he ignores the situation as it was when the NHS was set up in 1948. At that time, although nurse training was predominantly in hospitals, and many Teaching Hospital consultants were prima donnas who ruled the roost in medicine, two-thirds of the NHS was in what we now call the 'community'. This was with GPs or domiciliary and social services. Each section had different administration - this has not been overcome. Trusts now compete in a way not envisaged in 1948. Nevertheless this Golden Anniversary is a cause for some rejoicing. The 'first patient' of the NHS recently praised the work of the service and called for greater public support for it. The lady in question spoke of her days in hospital at Manchester: "In those days there was not a lot of treatment. There was a lot of careful nursing and praying". Since those days treatment has been revolutionised, and nursing has become even more careful and much more technical. I'm not sure what has happened about the praying, even if it offers some comfort. Quite how one particular person became the

first to be treated by the NHS is unclear to me. I always assumed there was a mass overnight transfer of all the people under treatment. Nevertheless, although this is a column that concentrates on nursing, we must recognize that the multidisciplinary approach is probably more significant today than fifty years ago. But over the years there has been an acknowledgement of the impact that nursing has had. There has been a lot of thought about the transaction of nursing. Professor Henderson described nursing in this way: "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that the patient would perform unaided had they the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as soon as possible" Aneurin Bevan, Health Minister at the launch of the NHS in 1948, is quoted as saying that nurses were the most important part of the service. I wonder if this view would be accepted today? Our role is certainly important. Who is the person who has constant 24 hour contact with the hospital patient? Who is the person who will always be able to go out and visit the patient at home or in their dwelling, wherever? I only hope that the Golden Anniversary makes recognition of nurses its priority!

Guy's Gazette

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RUGBY CLUB REPORT

The AGM of the Rugby Club took place in the Harris Physiology Theatre on Tuesday May 19th. It has been a curious year for the club. On the positive side there have been many good performances and the hospital has been very competitive in the league finishing in the top half of London 3 South West. We understand from the Rugby Football Union that this is the highest placed student side in the country and is something of which the club and the school should be very proud. The highlight of the year was reaching the Hospitals' Cup Final and being within a half a minute of winning it when the opposition equalised from a penalty with the last kick of the game. Unfortunately the 2nd and 3rd 15s also were unable to bring home trophies and at the time of writing we are waiting for the ladies to see if they can win the cup for the fourth year in succession. However they lost out by the odd score to Imperial Medics (St Mary's Plus) in the final of the University Cup.

Including the veteran side the club has managed to get 5 sides out per week which is very creditable for a college of our size. Coach Steve Farr has worked wonders with the material that he has and his enthusiasm for the game and skill in coaching has enabled a number of players to develop their skills to the level of representing Kent under 21s, notably Ben Thorpe and Dai Woodsford. The coach would have been pleased to see so many other players develop during the year and the high place of the hospital sides in the leagues and the way they are currently playing is attributable to his input and one for which the club is very grateiul. We are delighted that he has accepted to continue in that position for the next season.

However on the downside this has been a disastrous year for administration. As many will know there is a very complicated procedure for registering players in the leagues and the Hospital / College side with many players from abroad in a particularly disadvantaged position, since the Club Secretary must write to the Home Union, such as Spain, Nigeria or Kenya to ask them for permission for the student to play in his own hospital side. The secretary must then apply to the leagues with this evidence and overseas players have to serve an extra time before they are eligible to play in the leagues. Not surprisingly this system often breaks down and clubs may succumb to the temptation of playing players under registered players names. When this happens the league takes a very dim view and can

fine the club a large number of points. At the time of writing, the hospital is under threat of losing 30 league points for misdemeanours and if carried through would therefore be relegated since there are only 32 points on offer for the whole season if every game had been played and won. There is a strong feeling that the current administration within the leagues is unrealistic and particularly difficult for student sides. Officials of the club are about to meet officials from the Rugby Football Union in an appeal, the results of which will be published in the next Gazette.

OLD REIGATIANS v GUY'S & ST THOMAS'
FOR THE BOULGER CUP
17TH April 1998 at Reigate
WON 22 - 14

This was the sixth playing of the Alex Boulger Memorial match between Guy's / St Thomas's and Old Reigatians. (Alex Boulger was one of two students killed in an early season tour in 1992, the other being James Hawker.) Alex had been a dental student at Guy's and was an old boy of Reigate School.
Happily Guy's had won all previous five matches. On this occasion they were showing a number of changes including welcoming back Richard Breeze to the wing.
The game began a bit scrappily on a wet pitch although the rain had stopped but Guy's were showing flashes of control rewarded with a penalty by Eddy Behn. Reigatians hit back with a try from their scrum half which looked deceptively simple. Guy's began to play a little more coherently and a forward drive of some 25 yards was followed by a set scrum from which Ben Thorpe scored. Two more tries followed before half time with first Peter Morgan scampering over after a complex series of miss-moves in the centre had deceived most players of both sides and then Eddy Behn appeared on the wing after the ball had passed through about ten pairs of hands for a half time score of 22-7. The second half followed a similar pattern with the hospital side looking in control for most of the time but still vulnerable to quick counter-attacks. In fact the only score in the second half came from an interception with the opposition wing racing in for a converted try for the final score of Guy's & St Thomas's 22- Old Reigatians 14. Guy's tried very hard to move the ball about but seemed to have lost the art of getting it quickly to the wings and supporting there rather than coming back to the forwards. Nevertheless this was a rousing display with Thorpe majestic in the lineout ably supported by Wood

taking all of the Guy's ball and much of the opposition's. The front 5 looked rock solid in the tight and the forwards obviously enjoyed their rolling mauls. The backs too had plenty of ball to play with. Thus for the sixth time in succession the hospital side secured the Boulger cup against opposition currently a league above them, though it seems that Old Reigatians have not had a good season.

TEAM: WOODSFORD D, CLINTON R, SCHOLFIELD B, WOOD B, RYAN G (Capt), THORPE B, MORGAN P, EDWARDS LUNN T, ETOCH R, BEHN E, LLEWELLEN W, BREEZE R, LAWTON G.
SCORERS BEHN E Try, Penalty, 2 Conversions MORGAN P Try THORPE B Try

S J Challacombe

Squash flourishes at UMDS

This year saw another successful year at Squash for UMDS which boasts a remarkable number of talented players for an independent medical school. This is reflected in our ability to raise four men's and two women's teams for the University of London League in comparison to for example UCL college which only raised two men's teams from their entire 12,000 student population.
This year we won the coveted UH Squash cup for a third year in succession brushing past Royal Free in the final without a single player conceding a game. This years team included: Ben Jones, Irfan Halim, Toby Zundel, Katz and Marcus.
Photo: From L-R S. Khan, B. Jones, T.Zundell, L.Boss and J.Jacobie at this years staff-students match which was won yet again by the students!

Sadaf Khan

After the London Marathon

John Motson's (or was it David Coleman's?) immortal line "Football is a game of two halves" might equally apply to Marathon running - in my experience at least. Striding out from Greenwich Park at 9.30am on 26 April 1998 was an enervating experience: the spirit of shared endeavour spreading across 30000 contestants, camaraderie with fellow runners, banter with the thronging crowds, fresh legs and lungs, and near-ideal background in the cool and cloudy weather conditions. Aided by verbal support from spectators and liquid refreshment at the many water stations, taken at the trot, Woolwich, Greenwich, the Cutty Sark and Tower Bridge were passed without problem. At 10 miles I remarked to a friend I was running with that I was looking forward to next year's Marathon. My second half was ushered in by a torrential downpour of cold, cramp inducing rain. The elite athletes who were finishing in the 2-3 hours range missed this unwelcome change in the weather. Aching knees and seized-up leg muscles reduced me to a painful jog-and-walk regime for the remainder of the race. Nevertheless, my happiest memory of the day - the one which for me epitomised the character of the London Marathon- occurred at this point. I was emerging from a St. John's Ambulance post after a leg massage when a young spectator called out to help me and insisted on giving me her own dry socks as a replacement for my sodden pair. No name, no cost, just the generosity of the day. My prized keepsake, the official photograph of the finish, shows me striding over the line, wreathed in smiles, looking fresh as a daisy. And who was it said the camera never lies? My thanks to everyone at Guy's for the support, encouragement and donations, so generously given. I raised £2000 for Uganda's Mengo Hospital HIV/Aids Home Care Team and the UK Lymphoma Association.

Jane Kagwa
(Sedation & Special Care Dentistry - Guy's Hospital)

Crossing the finish line

EVENT OF THE YEAR

GUY'S HOSPITAL DENTAL SOCIETY

presents their

ANNUAL BALL

Grosvenor House

31st October 1998

Watch this Space!

Gastrointestinal and Hepatobiliary Pathophysiology

Suzanne Rose

This is one of a large series of books taking a somewhat different approach to disease by considering the pathological and physiological processes involved in the disease. As a result, I was looking forward to seeing what it had to offer compared to the more standard texts on gastroenterology. I have to say, therefore, that I am disappointed. The text has a tendency to concentrate on presentation of disease, with grey boxed case histories within each chapter which solely act to disrupt the flow of the text and present idealised patients which are rare in real medicine. The pathological background is commented on but completely glossed over, with little new over and above the level of a standard medical student text such as Kumar and Clarke. Although the text is referenced, the references provided are those of subject reviews rather than the individual papers which the author is, I assume, quoting from, and there is no indication of the origin of any single piece of information. This would be fine if the text was written as a reference book, but the scientific paper style of `it has been shown that' and studies have demonstrated' requires far more rigorous referencing. Any attempt to describe the normal physiological processes and the abnormalities which occur in disease is foregone. Indeed, I found it difficuit to extract much more than basic physiological fact from the text, despite much effort. This is an American text, and this is very apparent. The main drawback, therefore, is the difference in drug names which will only serve to confuse any medical student hoping to use this book. On top of this, the case histories give an excellent example of how not to manage illness, and demonstrate the fact that over-investigation of patients is rife. I would not want any student to utilise the approaches put forward within the book as ways to investigate patients. I am afraid that I can find little to recommend this book. It fails to do justice to its title, and left the reader annoyed with its presentation and the lack of real detail. There are many excellent student level books on gastroenterology, and the main student texts cover the area well. The general medic will find little new here, and the specialist will find the text frustrating.

Geoff Smith MRCP
Specialist Registrar in Gastroenterology

Ian Derek Simpson

MB BS FRCS FRCOphth . 1933-1997
Guys 1957.

Son of Professor Keith Simpson. After House Jobs he did National Service in Germany specialising in Obstetrics at BMH Munster. After a period in General Practice in Chelmsford he moved to Suffolk in 1966 where, settling into rural practice, he met and married Nuala, their four children all being born at home. He had joined Colin Shannon in partnership and they were one of the first to take trainees.

He became Clinical Assistant in the Eye Department of Ipswich Hospital where his interest was stimulated by Harry Hardy. This led to a courageous career change to Ophthalmology in 1977. He held SHO & Registrar posts in Ipswich, gained FRCS, and became Senior Registrar in Bristol & Exeter. Ian was appointed Consultant back in 1984. He enjoyed his work and life as a Consultant but this was ironically cut short by retinal detachments which caused his premature retirement in 1996.

He was noted for his wicked sense of humour, and had many varied interests. He held a private pilots licence, enjoyed music and read extensively. The mechanical skill he demonstrated in the building of "Mini" a home-made car, probably remembered by his contemporaries, was not only put to use in his work, but at home in house and garden, a more recent example being the making of a grandfather clock . Latterly he had developed an interest in Egypt which he and Nuala visited on several occasions.

Sadly he developed Biliary carcinoma in January 97 and in spite of a brave fight died on October 9th 1997. He leaves Nuala, a Consultant Haematologist, and David, Fiona, Kate & Toby.

Micheal Colin Shannon

John W. Coombs

LDS RCS Eng. DDPH

John W Coombs LDS, RCS (Eng), DDPH, qualified February 1945, died on February 25th 1998 aged 77 years.

A David Robinson

Peter Jones

Peter Jones, of Lymington Hants. Dental Surgeon (1951) passed away on the 24th June 1998.

Peter Frank

Frank Longden Ingram

Consultant dental radiologist to Guy's Hospital and The Eastman Dental Clinic, consultant general radiologist to The Canterbury and Thanet Group of Hospitals. He died on his 85th birthday after prolonged disability from peripheral neuritis and partial sight. He trained in dentistry at Guy's, and then in medicine while employed in dental house jobs at Guy's.

After R.A.M.C. training with the Royal Fusiliers following declaration of war he was posted to India. As he was interested in electronics and had built radios as a hobby he was put in charge of the x-ray machines and because the war was quiet there he learnt radiology. Thus on his return to England he obtained a dental radiology registrar's post at Guy's and qualified D.M.R.D.

He wrote `Radiology of the Teeth and Jaws' which became an important text and he subsequently wrote the dental radiology section for two further major texts. Knowing that he researched in stereoscopy I was disappointed more did not come of this.

In 1950 he was appointed consultant general radiologist to The Canterbury and Thanet Group of Hospitals and he enjoyed this work so much that when he was invited to return full time to London he declined - continuing one and a half days per week at Guy's and a half day at The Eastman Dental Clinic teaching mainly undergraduates at Guy's and post graduates at The Eastman.

Frank was a founder-member and subsequently President of the British Society of Dental Radiologists which he and others formed to enable dentists to qualify in radiology without having to do several years of training in medicine also.

He retained an active life and interests outside medicine being for a time churchwarden at St' Paul's Church, Canterbury and in retirement chairman of the Barham Horticultural Society and of the governors of the Barham Church of England Primary School.

For the last fifty eight years he was ably and devotedly supported by Mary, his wife, who qualified in nursing at Guy's.

He leaves her with two sons, two daughters, eleven grandchildren and four great-grandchildren. One son is a Guy's trained G.P., one daughter a Guy's trained nurse.

David Ingram

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CONGRATULATIONS TO ALL THE GRADUATES OF 1998.

WE WISH YOU WELL WITH YOUR FUTURE CAREER AND HOPE YOU ENJOY KEEPING UP-TO-DATE WITH FRIENDS AND COLLEAGUES VIA THE GUY'S GAZETTE

Competition winner

Last edition's quiz was won by Mr. A E Bond LDS RCS Eng, who wins the prize of golf accessories.

Correct answers:

1 - Fallopian

2 - Fluke

3 - Unciform

4 - Canine

5 - Flaccid

6 - Incubator

7 - Bruise

New Subscribers

We would like to welcome the following new subscribers to the Gazette:

Julian James Moore
Miss K H Liok
Dr Lutz Hostert

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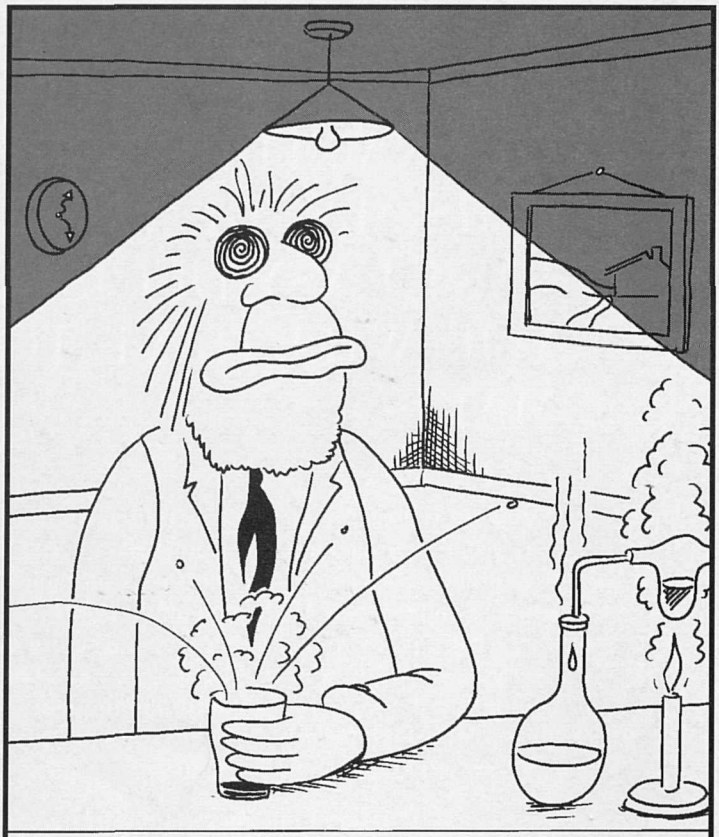

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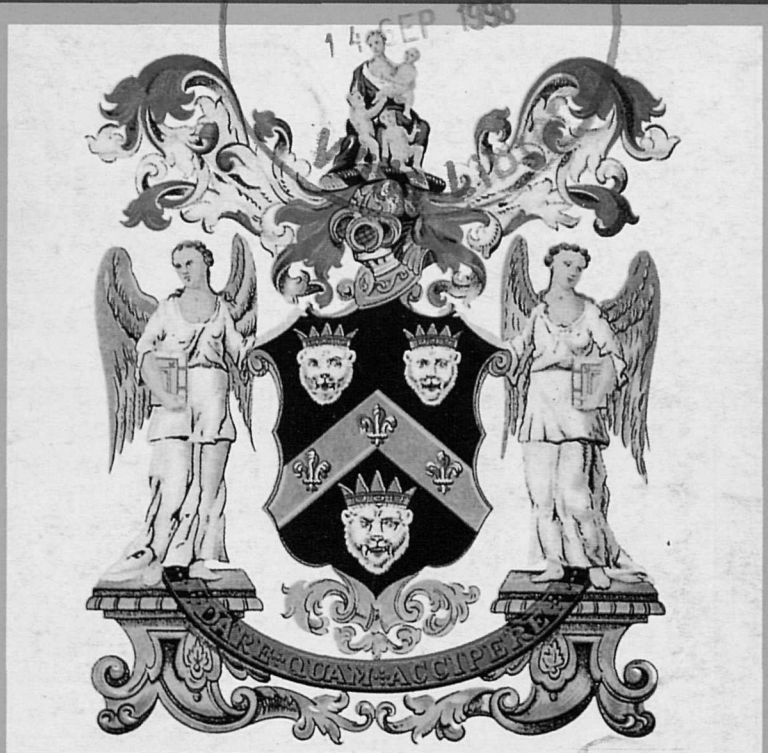
GUY'S Gazette

HOSPITAL, MEDICAL & DENTAL SCHOOLS

UMDS Guy's
14 SEP 1998



August 1998

- Merger or Takeover?
- Tony Gardner writes on . . .
- Interview with Dr Fred Imms

WHO NEEDS FRIENDS? *WE DO!*

Why not become a member of the Friends of Guy's Hospital?
The Friends are a registered Charity,
whose origin dates back to 1895.

The Friends provide amenities and equipment which the hospital is not able to provide and it supports research. The Friends run a shop in the hospital grounds selling flowers and other items as well as a Trolley Shop to the wards. Volunteers who provide this service find it very rewarding. They need and welcome anyone who wishes to join them.

It is easy to join the Friends. You do not need to be an ex-patient, although many of our members are. The minimum subscription is £1.00 a year but EXTRA DONATIONS are greatly appreciated. Cheques and postal orders should be made payable to "The Friends of Guy's Hospital" and should be sent to: The Secretary, The Friends of Guy's Hospital, Guy's Hospital, London, SE1 9RT. (Tel. 0171 407-1058). Contact the Secretary if you require information regarding DEEDS OF COVENANT or LEGACIES.

In recent times we have provided grants for:

- TVS for Samaritan Ward for patients cared for in isolation
- Support the Guy's Nurses League Annual Journal

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

GUY'S Gazette

UMDS Guy's
14 SEP 1998
Wills Library

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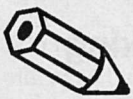
Passim

Better Grades, Better Doctors?

The new intake of freshers is rapidly approaching and A level offers for medicine now can't be found lower than ABB, are we alienating good doctors from a medical career with increasing exam requirements? This old issue has just gained a new impetus with a call form the medical profession that the country needs 1000 new doctors. The latest review by the G.M.C. has ruled out a `fast track' entry into medicine by not allowing the 3 year clinical programme for graduates to go ahead. Just because we need more doctors should we consider a reduction in-A level grades? We have all experienced people in life who are without doubt very intelligent and who have no way of communicating this intelligence to others. Could this be a risk that we are creating a new doctor knows best attitude in our profession, that we have intelligent people as doctors but who are unable to communicate with their patients It has been well documented that medical training requires a level of knowledge no greater than CCC at A level. Isn't is time we should start looking at the whole person to be a medical student or doctor, rather than just the grades they get when 18 in a college gym. As doctors we have a vocation to the study of medicine and a duty to our patients that the doctors of the future are from a wide section of the community. I just can't help but thinking that people who have a true vocation to the practice of medicine are not allowed this opportunity due to the increased requirements of the admissions office.



Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's. You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Resident Poet

Dear Madam,

I have penned the following request for a poet, which I hope sufficiently encapsulates the idea for which it was intended.
It seems to me that one would expect the resident poet of Guy's Hospital to be medically qualified, either a Guy's or St Thomas' alumnus or, if neither of these, medically qualified and working for UMDS, in order to follow the Keats precedent.

Well it's over to you - lets see what happens!

Yours faithfully,

Graham Brown
Associate Member Society of Authors

Request For A Resident Poet

Once more a doctor blessed in pen,
Come forward now and write again.
Come forward now and so arise,
The poet resident of Guy's.
Let this be fitly, seemly done,
At birth of new millennium,

In honour of Guy's poet-son, John Keats.

Lateral thinking

Dear Madam,

There are three incidents that occurred whilst I was a student at Guy's that I think should be exhumed!
1. After seeing a patient in a surgery practical examination, a Guy's student was asked by the examiner "What is the patients job?" The student had indeed forgotten to ask the patient. So the examiner said to him, "what on earth do you think a man could do if he had to pass urine every 10-15 minutes?", meaning he could not possibly work. With very little hesitation, the student said "He could be a lavatory attendant, Sir!" I think this is funny.
2. Donald Longmore (now a well known surgeon) defined "dancing" (in those days of course) as "the vertical manifestation of a horizontal desire".
3. Not wishing to be left out, I think I have a place in Guy's cricket history. In a final against St. Thomas" Hospital in the Interhospitals' cup, I (an all rounder, who also played for the Silhouettes a few times) was sent in to bat at No. 9 and I made 124, while my batting partner made 1 in a stand of 125.

I do not want to glorify myself in my old age, but I feel it should not be lost into oblivion. (By the way, I am *not senile*.)

Harry R Bissordath

Sign-ups

Dear Madam,

I am writing in support of last months passim concerning the dubious validity of the sign-up (Guy's Gazette June/July 1998). It is my hope that, if we gain nothing else from the merger with Kings, the sign-up system will be over hauled and strict criteria set for the award of marks.

The present system leaves too much to the whim of individual consultants, some of whom appear to make little or no effort in individually assessing their students.

Some students have been known to miss over half their firm, but still receive the same sign-up as a student who has diligently attended every session.

The importance of each student's cumulative sign-up score when applying for house jobs has been emphasised many times, therefore surely a fairer and standardized grading system is long over due.

A Cameron

St Thomas' cannon in place in the park

STH Cannon

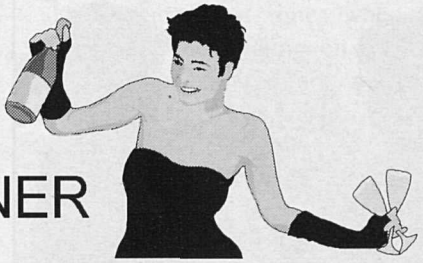
Dear Madam,

With reference to your obituary of Derek Biggs in the February edition of the *Gazette*, I enclose a photograph of the St Thomas' cannon in place in the park. Many but not all those in the photograph are/were my contemporaries, but how I came to own this photograph I cannot remember. I thought it might amuse others to see the 1961 evidence of Guy's supremacy.

Yours faithfully,

Christine Willimas (nee Lawrie)

Guy's Hospital



BIENNIAL DINNER

The next Biennial Dinner will be held at the Connaught Rooms on Friday 2nd October at 7pm. This will be not only the last Biennial Dinner of the century but also of the millennium and we hope that as many people as possible will attend. Many years find this a great opportunity to arrange a reunion. All Guy's graduates, medical and dental , all UMDS graduates and all consultant staff of the Guy's & St Thomas' Hospital Trust are eligible to attend.

Tickets will be £45 each to include wine and, as usual, a cash bar will be available before and after the proceedings. Would all those wishing to obtain tickets, please either contact me on 0171 955 4052 or write to me in the Department of Surgery, 2nd Floor, New Guy's House at Guy's Hospital, London SE1.

Martin Jourdan
Honorary Secretary
Guy's Biennial Dinner

The new Discus system at Guy's

Guy's Dental Hospital Comes On-Stream with new Computing System

Kevin D'Lima (right), project manager at Guy's Dental Hospital, demonstrates the new Databrick Vertical System (DVS) computing solution. A networked system, over 30 DVS deskless workstations are presently installed on walls at Guy's Dental Hospital and St. Thomas' Polyclinic. Manufactured by Datalux, the innovative DVS comprises a CPU called Databrick with processing power to 166MHz, TFT 10.4" or 12.1" LCD monitor and compact 100-key Trackpad Glidepoint keyboard. Says D'Lima: "The DVS is like an X-Ray viewer. The system will be used to manage the dental treatments and records of more than 170 000 patient attendences each year."

Thomas Guy statue to remain

The proposed removal of the Thomas Guy statue from the front quadrangle of Guy's, and its replacement with a replica has been refused consent by Southwark Council.

The reasons given were that firstly the removal of the statue from the premises historically associated with it, was considered inappropriate. It was thought its removal would detract from the setting and special architectural/ historic interest of the Grade II listed buildings surrounding the quadrangle. This would make the proposed change a breach of policy E.4.6 of the Council's Unitary Development Plan.

Secondly it was felt the statue's removal was not of public interest and the Trust was reminded `...of its undertaking to English Heritage to maintain this bronze statue in good condition.'

PS

I am informed that any letters that have been sent objecting to the removal of the Thomas Guy statue will be filed ready for use in case there is an appeal.

Yours faithfully

George Scott
MD FRCP

Merger or Take-over?

By the time you read this article, the world renown medical schools of Guy's and St. Thomas'' Hospitals, only recently 'united' under the auspices of UMDS, would have been swallowed up by the infamous institution of King's College or "the hole in the Strand" as it is affectionately known to hundreds of Guy's students. Facts that are emerging now (one week before the merger) are alarming to say the least, these facts concern accommodation (or lack of it) for final year students in halls of residence, an unsure level of funding for extra curricular activities and an increase in bar prices. `Cynical students' are already betting as to how long it will take for Guy's to be renamed the "London Bridge Campus". The King's accommodation brochure already refers to St. Thomas'' as the Waterloo Campus!

Four years ago, the UMDS prospectus stated that "Students may prefer to return to UMDS accommodation for their final year". One would have thought that on or near campus accommodation for final years would be a priority. Unfortunately, this doesn't seem to be the case, with some students being offered rooms which are a long way away or not receiving anything at all.

This occurring at times when they should be concentrating on finalising elective plans, applying for and attending interviews for house jobs and thinking about their finals! At this moment, King's college accommodation office remains unrepentant, "...there are no exceptions..." in the random allocation of accommodation, "...not even for final year medics".

Although becoming part of a multi-faculty college and mixing with students from 'other' courses is commonly trumped as being one of the major benefits to students at GKT, it is farcical that non-medical or dental students should be given on-campus rooms when 'our own' students are being turned down. It is a well known fact that medics and dentists work different hours and have different commitments to students studying other subjects. They will therefore continue, as they always have, to socialise with each other, no matter whether they live on the same floor as 13 students from, for example, the Faculty of Arts whose courses tend to involve fewer lectures and more 'self-directed learning'.

As if this isn't enough, news is filtering through that bar prices are likely to increase to come in line with those at King's (£1.80 per pint). Quite why this is happening when both bars already make a substantial profit, is a secret known only to King's College London Student Union (KCLSU) who will be

profiting from the increase. This 30% increase in prices would perhaps be more palatable if the wages of bar staff, almost all of whom are students at UMDS, were increasing. Needless to say this isn't the case. The mind boggles as to how else KCLSU will be benefiting at the expense of our students!

It appears that King's College traditionally places less emphasis on extra curricular activities such as sport and societies than UMDS. Last year compared to the funds made available to the United Clubs Committee, King's spending was minimal. However, the news on the grape-vine is that for the forthcoming year King's have 'put more money on the table'. Whether this is just a temporary sweetener to make the merger appear more palatable to UMDS students or whether this a permanent increase has yet to be seen. An assurance from the Principal that this increase in funding is here to stay would be most welcome. After all, UMDS has always prided itself on producing 'well rounded' Doctors and Dentists, who are not only the best in their field, but also have a wide range of other interests.

Does this take-over mean the end of the famous Guy's man or woman, I hear you ask? I think not. So long as Guy's still exists (even if it is being decimated), some students will continue to hold their heads up high and say they trained at Guy's, without so much as a mention of GKT.

Some of those in the medical school will dismiss this article as stuck in the past. However, I say to them,

"If it ain't broke, don't fix it".

This is not the view of a person phobic of all change; anything that degrades one of the best Medical and Dental schools in Europe can not be for the benefit of Guy's.

Merger Column

It is my intention to write a monthly column on any changes that are occurring as a result of the merger, especially those detrimental to our students. Any significant changes, good or bad, will be included. Anyone with information on proposed changes or opinions about the merger should write to the Guy's Gazette, Guy's Hospital, addressing your letter to the Merger Column. Anonymity will be respected.

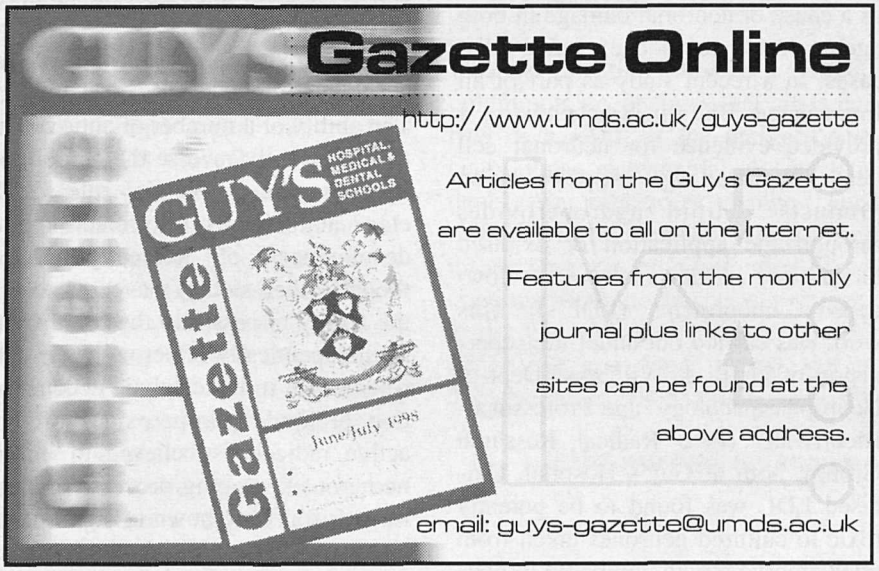
Name and Address supplied

NEURODEGENERATIVE DISEASES A role for oxidised lipids?

Oxidative stress is thought to influence the underlying pathology of brain disorders such as Alzheimer's and Parkinson's diseases but also cerebral ischaemia and trauma. Indeed biochemical `stress markers' have been documented in affected brain regions especially enhanced membrane lipid peroxidation. Moreover lipid peroxidation has been postulated as a cause of neuronal damage in both ageing and neurodegenerative diseases. In a recent study as part of an Intercalated BSc in Biochemistry, I provided evidence for neuronal cell death mediated by early oxidation products - lipid hydroperoxides through the application of oxidised blood lipid carrier molecules - low-density lipoproteins (LDL's). This work was carried out under the supervision of Dr R. J. Williams (Dept of Neuropharmacology) and Professor C. Rice-Evans (Free Radical Research Group), both at Guy's Hospital. Oxidised LDL was found to be potently toxic to cultured neurones taken from mice embryo striata compared to non-oxidised LDL treatment. The clear role that oxidised LDL's play in diseases of the periphery such as atherosclerosis has become increasingly evident. Not until recently however has much consideration been given to a possible role in similar vascular disorders in the brain or degenerative disorders where despite acceptance of the oxidative stress hypothesis a link was not investigated. A recent study eluded to possibilities of penetration to brain tissue following blood-brain-barrier damage in multiple sclerosis and questioned the possibility of damage elicited by chronic exposure. Furthermore evidence suggests that ApoE-lipid complexes acting as analogous lipid carrier molecules are operational in the brain which if subjected to free-radical induced oxidation or iron-catalysed oxidation could result in pathology. The ability of a number of antioxidants to significantly reverse the neurotoxicity suggested a potential role for dietary antioxidants to protect against development of neurodegeneration, though other studies have questioned the ability to pass into the brain tissue to therapeutically effective levels. The role of iron in the catalytic decomposition of lipid hydroperoxides to form active radicals is believed to initiate numerous damaging processes. Chelation of iron was shown to significantly attenuate the oxidised lipid-induced cytotoxicity demonstrating an involvement of free and probably extracellular iron. It is widely accepted that one of

the mechanisms by which neurones die following oxidative stress is via overstimulation of glutamate receptors. Use of an antagonist suggested a putative role for the activation of glutamate receptors in oxidised LDL induced toxicity but subsequent downstream events mediating cell death remain unknown. The characterisation of the role of both oxidised lipids and oxidised LDL and the consequences incurred in diseases of the central nervous system is a new and I,~rowing field. With so many important questions left to be answered, and in view of the reluctance of different fields of research merging, we are still a very long way off from prevention of those `ageing' disorders.

Rubeta N.H. Matin



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Margaret Fendick - Shop Manager

Tony Gardner writes on...

I still cannot decide just who I'm writing these articles for. Just who is the average reader of the Guy's Gazette?

Sometimes I picture an elegant, white-haired elderly physician who has retired to a remote island off Madagascar. He is woken from his afternoon nap on a hammock by his loyal manservant, Boland, who serves him a Dry Martini and delivers him his six-months-out-of-date copy of the Guy's Gazette on a silver tray.

But most of the time I picture some hairy student who picks up a free copy on his way into the Spit just so that he can see if his name is in the Sports section.
And, unless I hear otherwise, it will be the hairy students that I address in a somewhat patronising, post-graduate manner.

This month: Weddings. A couple of weeks after you graduate, the couple who have been joined at the lip since Fresher's Week will marry each other. This signals the start of what will become a major part of your social calendar.
I was worrying the other day that the number of weddings that one gets invited to may dwindle after a while, but a few calculations involving godchildren, younger cousins and siblings, divorces and second marriages soon reassured me that I could still keep up the 2-3 a year average well into the next century.
11 years post-qualification and every wedding is still a delight - I've never been to a bad one (that I can remember). However there are couple of things that the books don't tell you.

For example, the Seating Plan. As a member of the medical or dental profession, then expect to be sat, with your peers, as far away from the top table as is physically possible. As the years pass, you will find yourself being placed nearer to the bride and groom, in accordance with your new found 'maturity'. Then you have children and you're back near the marquee flaps again, so make the most of it.

"The Toastmaster Game". If they have one of these old chaps in a red coat that

bellows your name as you arrive at the reception then do play this. I remember one memorable occasion when my wife and I were introduced to the guests as "Mr and Mrs Ruby Nips", shortly to be followed by the arrival of "David and Felicity Funbags".

Actually, it was most interesting arriving at "The Funbags" own wedding reception the other day to find that they also had a Toastmaster. To avoid it getting nasty, he had merely been instructed to show us where the Champagne was (as if we couldn't hear it), so the moment passed without incident.
Indeed, they must have had a fraught time with their seating plan, because they had decided to invite no less than 10 Spirochaetes Captains. To have that lot "at the back" would have been foolhardy and so they decided on sprinkling them about the room randomly. Which worked. Up to a point. Wedding presents should be chosen from the Wedding List. Not only is it convenient and "what they really want", but it saves you having to buy wrapping paper and gift tags. Remember to phone up the moment you receive the invitation, because invariably the coffee pot from the Wedgewood dinner service will have gone and you end up getting them the wastepaper bin or four egg cups.
Leave the Best Man alone - it will be you one day.
Somebody will shout out an incredibly ill-judged remark during the Father of the Bride's speech. It will probably be you, so my advice is to go for a wee-wee during it.

Finally, do not get so carried away with this constant wedding-attending that you forget to have one yourself. Not only is it the best party you will ever have - ever - but you're guaranteed a seat on the top table.

[I would be delighted to receive electronic communication (*tgardner@cix.co.uk*) from either hairy students or retired physicians off the coast of Madagascar. Of the latter, whomever has the most glamorous location will immediately have their property advertised for cheap rent in the back of the Gazette.]

Tony Gardner

Nagorno Karabakh

INTRODUCTION

I recently joined a group travelling with the charity Christian Solidarity Worldwide to Nagorno Karabakh to assist in the reconstruction of the country by providing humanitarian aid in the form of dental support. The group was varied and included two peers, four barristers, two physiotherapists, an ophthalmist and two representatives from the Armed Forces with an interest in military ethics.

Nagorno Karabakh is an enclave of about 4,000 km2 within the former Soviet republic of Azerbaijan. It is populated mainly by Armenians for whom Nagorno Karabakh is the historic Armenian land of Artsakh.

Nagorno Karabakh is at present an area of ongoing conflict. The downward spiral

to this began in 1985 with a renewed campaign for the return of Nagorno Karabakh from the control of Azerbaijan. Clashes between Azeri and Armenian villagers in the enclave in 1987 heightened tensions and, in 1988, dozens of Armenians were massacred in the Azeri city of Sumgait, starting a series of bloody inter-ethnic clashes and large scale population displacements. In 1991 Azerbaijan began a series of systematic deportations of entire Armenian villages, known as "Operation Ring", the villages being re-inhabited by Azeri families. On 10th December 1991, Nagorno Karabakh held an independence referendum in which 82% of voters participated and 99% voted for independence from Azerbaijan. This prompted Azerbaijan to attempt to impose a "military solution". President Aliyev of Azerbaijan was reported as saying, "the only solution to the Karabakh problem is the elimination of all Armenians from Karabakh". Andrei Sakharov, Nobel Peace Prizewinner, wrote in November 1989 "For Azerbaijan the issue of Karabakh is a matter of ambition, for the Armenians of Karabakh, it is a matter of life and death".

Following a series of military defeats and successes, a cease-fire was brokered in 1994 which has been holding since then, with sporadic sniper attacks and cross border raids by Azeri forces into Nagorno Karabakh.

Nagorno Karabakh remains a "no go" area for most politicians and aid organizations as Nagorno Karabakh has yet to be recognised as an independent republic. The mandate of Christian Solidarity Worldwide is to act as advocates for those suffering from violations of human rights, particularly those that are relatively isolated from other aid and advocacy organizations, to provide humanitarian assistance and to show solidarity with victims of oppression. This organization has been active in Nagorno Karabakh since 1991.

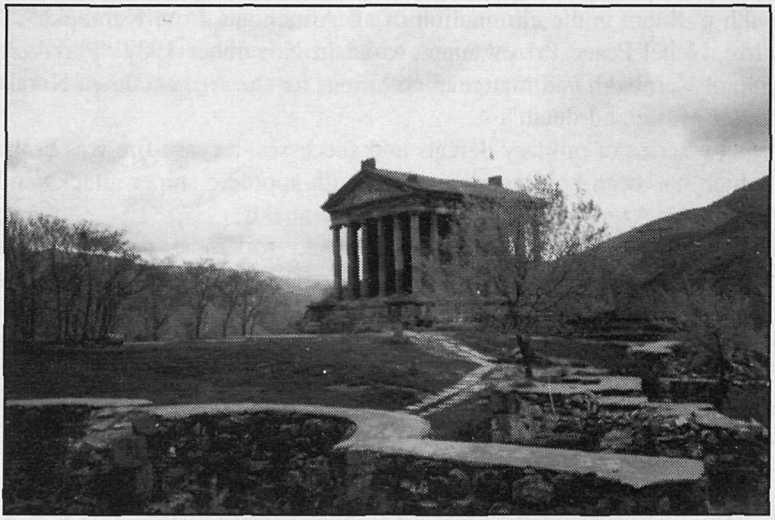
ITINERARY AND MAIN FINDINGS

I visited the Stomatologie Clinic in Stepanekert, the capital of Nagorno Karabakh. This is the main, government run clinic, serving a population of approximately 150,000 across the whole country. A further clinic in Stepanekert has been fully equipped by an American aid organization and continues to be supplied with American aid to provide dental care to children under 16 years of age. Two local dentists work here. The clinic is in a two level building. Framed polythene sheeting protects all windows, any glass having been blown out during the bombardment of Stepanekert in the early 1990s. There are three surgeries in the building, each with two dental units. There were sinks located in each surgery. However not all the surgeries had running water and buckets were used

with a bar of soap and a towel for hand cleaning.

Eight dentists work in the clinic and see approximately 450 patients per week. Two are oral surgeons, who undertake mainly extractions, and six are general dentists. All completed their basic dental training in Yerevan, Armenia. There is a laboratory with four technicians.

The equipment within the clinic is old and of Soviet design and manufacture. There are two dental chairs in each surgery. Patients are treated in the upright position. There is one handpiece for each unit, which is motor driven via a pulley system. One of the units (for the whole building) had a single speed turbine handpiece, which we saw used to gain endodontic access. This involved moving



patients between the dental units during a procedure as the dentists shared the access to this unit. No aspiration or 3-in-1 delivery systems nor water coolant during operative procedures was available. Cavity toilet was achieved by washing using water in a syringe and allowing the patient to spit into a metal spittoon. This was covered with a metal lid and did not drain away but was collected and rinsed by nursing staff. The spittoon was also used to deposit waste material from the procedure.

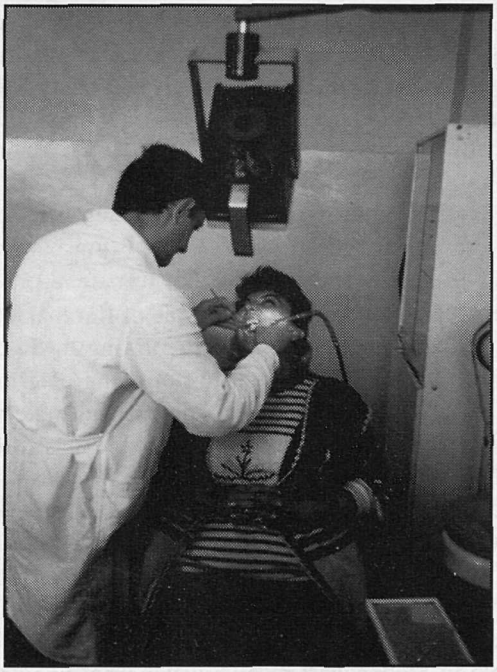
The clinic used a system of central sterilization. Instruments are brought here in enameled or steel kidney dishes by the nurses, cleaned in water and then boiled

in large open enamel bowls on an electric plate for 3 minutes before transfer to a hot air oven.

The laboratory has no furnace or casting machine. Plaster models are poured up here and there are lathes for acrylic polishing. A hand operated hydraulic compression machine is used to adapt preformed base-metal crown forms to dies.

Materials are in short supply. Local anaesthetic is not available for routine procedures and not always available for extractions. Pulpal extirpation was completed after a dressing of SPAD had been applied to devitalize the tissue.

The lack and age of the equipment and the limited supplies of materials available in the clinic limit treatment availability. Basic extractions are carried out rapidly



with considerable skill and a great deal of aplomb surgery. A limited range of conservative dentistry, endodontics, prosthetics and periodontal treatment was provided. Denture work was limited to simple acrylic dentures as no casting

equipment is available for cobalt chrome manufacture. No crown and bridge casting was available but preformed crown shapes were adapted on dies with a hydraulic pressing machine. Oral hygiene aids are severely limited in Nagorno Karabakh. A toothbrush typically costs about 500 Dramas. By comparison, a loaf of bread costs 120 Dramas but the monthly salary for the dentists is 7-8000 Dramas. Periodontal treatment consists mainly of local infiltrations of ascorbic acid (vitamin C) in combination with lincomycin, aloe fluicidin and novocaine, into the affected gingival tissues, quadrant by quadrant at daily intervals for approximately 5 days. However the Russian / Armenian view of medicine appears to be to use vitamin C injections to cure a wide variety of complaints and conditions. Patients will self-administer high doses of vitamin C to treat common complaints.

I brought some dental aid to Nagorno Karabakh consisting of toothbrushes, toothpaste and floss, 2 amalgamators, glass ionomer restorative material, light-cured composite luting cement, dental gloves, and many books and journals and leaflets on dental matters.

CONCLUSIONS

I was made to feel very welcome by all of the people of Karabakh. The dental staff gave the impression of being very professional in trying to do their best for all their patients. However they were frustrated in not being able to do as much as they would like due to a lack of facilities, equipment and materials. The cost of brushes and toothpaste against the need for the more basic requirements for survival means that few in Nagorno Karabakh possess the means to achieve good oral hygiene. There appears to be little or no dental health screening or education program in the country. Such a program would be invaluable in promoting good oral health but this is low on the government's list of priorities. In the clinic treatment is of a higher priority than prevention of disease. The expense of oral hygiene aids and availability of sweets in Stepanekert exacerbate this situation. The majority of people in Stepanekert receive water from one dental supply, but this is not fluoridated. Access to dental treatment is a problem with a lack of dental facilities in Nagorno Karabakh, particularly beyond Stepanekert. However my experiences showed that this was true of general health care with most villages not having a health centre.

One cannot visit Karabakh without returning encouraged and inspired by the spirit of the people of Karabakh and of Armenia. Despite many hardships, exacerbated by the blockade still being maintained by Turkey and Azerbaijan, they are working resolutely and effectively to try to achieve normalization of all aspects of life as rapidly as possible. Buildings and infrastructure are being rebuilt with impressive speed and quality. Everyone who participated in this visit returned inspired, humbled and enriched in ways which only those who have visited Karabakh can truly understand.

ACKNOWLEDGEMENTS

I would like to thank: * *All those who made the trip to Nagorno Karabakh possible, in particular The Baroness Cox, CSW President, and Joanna Chellapermal, CSW projects co-ordinator.* * *All in Nagorno Karabakh who established our itinerary and provided hospitality with such generosity and warmth.* * *Vladimir Gregorian, principal dentist at the Stomatologie Clinic, Stepanekert and all the staff of the clinic for making me so welcome.* * *The translators: Irina, Artemis, and Annoush.* * *Supporters and sponsors from the U.K.; in particular:* * *Abbeydale Gloves* * *BDA Information Centre* * *BUPA DentalCover* * *Boots The Chemist* * *Regent Medical UK* * *Rotadent Ltd.* * *Schulke & Mayr UK Ltd.* * *SmithKline Beecham Consumer Helathcare* * *Stafford Miller* * *Tricodent Ltd.* * *The Wrigley Company* * *W & H (UK) Ltd.*

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Dr Fred Imms

Dr Fred Imms has been teaching at UMDS since its birth and is looking forward to the imminent merger with King's. Two Old Maidstonians chew the fat in the most picturesque of settings at Fred's beloved Dorking Cricket Club in Surrey.

What were your motivating factors for studying medicine?
I was always going to do something that involved science. I think I also wanted to do something that involved people and I also wanted a career that would be safe - in terms of there always being a job that was reasonably well paid and not one were I would be out of work every few years. Although what I have done since has not been that well paid, it is enough to live reasonably well.

In those days was admission to medical school based on academic ability or affluence?
It think it varied very much from school to school. I worked out with my science master that I should try and go to University College because people were picked there on academic ability. I think he had a very good analysis of the situation at the time. He said your not in the 1st XV, so you won't get into Mary's; your not a woman so you won't get into Royal Free; you don't have blue blood so it's a waste of time applying to Thomas's or Bart's and your father is not a doctor so it's not worth your while applying to Guy's! Actually on the Guy's entry form at the time there was a question asking whether your father was a doctor - and the question after that was "Is he a Guy's man"! So I went to University College. I had already got a state scholarship which was a thing in the fifties which was awarded to people who did very well at 'A' levels, so I got that at the end of my sixth form and was able to tout it when I was going for interviews.

What was London like then?
I don't think that London has changed a great deal. I think that the Medical School scene has changed. The perception was that London Medical Schools were better than the provincial schools and that has completely evened up now. I think that if you wanted to do medicine and you didn't manage to get into Oxbridge, you went straight to London. London has always been fun place to live in and was a very safe city to live in.

What did you do to socialise?
Play sport basically. I would have liked to have played rugby but had a back injury since school so I took up playing hockey at University and obviously cricket in the summer. You played student cricket then on Saturdays, Sundays and Wednesdays and hope that somebody might ask you to play in the President's XI on another day.

Were there particular schools that dominated particular sports?
Thomas's was very strong at hockey. Guy's and Mary's at rugby. At University College we were really the rather poor relatives. We were always very jealous of people at other hospitals that had lots of people who had blues and so on.
What made you change from your original ambition to enter research and teaching? I did an intercalated BSc which only a few people did then. Then I did a PhD and went back and started clinical. When I qualified and was doing house jobs, I realised that if I went into a clinical speciality I still had many years of postgraduate training to undertake, whereas I had already done the postgraduate training to lecture in Physiology and it was while I was a house man that I got a job as a lecturer in Physiology in 1964. I worked at Thomas's for about 8 years and then I moved to the Medical Research Council in the Environmental Physiology Unit for about 8 years when the unit was closed as the director was about to retire, as still happens now in the MRC. I worked out with the MRC that I was going to go and work on the physiology of spinal injuries at Stoke Mandeville, but that was kind of a personal disaster with both my sons schools being in Epsom and Stoke Mandeville being a long drive away without an M25. Also I really felt that I wanted to get back to teaching students and at the very last minute a lectureship came up at Guy's and I went there in 1980. In 1982 UMDS came into being and then we moved across to St Thomas's when the two Physiology Departments amalgamated in 1989. And now were going back to Guy's in *1999!*

Do you consider yourself a staunch St Thomas' man?
I certainly have a greater affinity for Thomas' than for Guy's. I think that when I started at Thomas' I wasn't very much older than many of the students that I taught and became friendly with them and I still see many of them now. I played hockey on the students' teams. St Thomas' at the time really was a very friendly, little medical school. The bar was the social centre of the institution. When I was

at Guy's a number of things went wrong. The head of department and I didn't hit it off, I never found it as friendly a place as St Thomas' and was happy to return there.

You are on the admission panel for this medical school, what do you personally look for in potential students?
The school policy at the moment is that we obviously need people of ability. What we are looking for is that we are not only looking for people of academic ability but those who have something else to contribute to the school - either sporting wise, musically, the ability to star in the Christmas Show or something like that. We do need people who have something else to offer other than their grades A and B at 'A' level. The other thing that you try and assess, and this is fairly difficult, is their motivation. I am sure that this is what sorts out those who progress at the end of the first year and those who don't. Everybody has got A's and B's at 'A' level and should be able to cope with the course. It's a tragedy that a few don't, I think that it is only really their motivation that lets them down.

`...we are not only looking for people of academic ability but those who also have something else to contribute to the school.'

Is there pressure from above to raise the level of academic ability in an intake, particularly following a disappointing set of first year exam results?
No not really. We have recently increased the grades to ABB I think, we did go down to BBC at one stage. I think all that happened there was that people who weren't so able were putting us down as their second choice and then coming to us when they didn't get their first choice.

You seem to bemoan the lack of logical thinking amongst the first years', or at least the lack of a logical approach to physiology. Are we all really that bad?
I think that there is a tendency amongst the students to rote learn. The attitude is that you dictate the notes to us in a lecture, we'll learn them and then spew them back at you in the exam. I don't think that rote learning is the way to remember and I am sure the reason why people aren't retaining information is that they are learning it parrot fashion and forgetting it equally quickly. We play to that as well

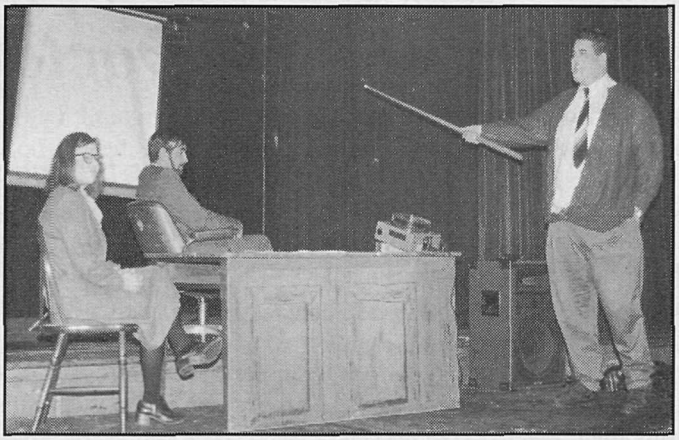
in the examining we do and we really should be setting questions in the exam that test people's ability to work things out.
It's hard for us to switch from being fed the facts by a certain lecturer and then being told to think for ourselves by another.

Shouldn't there be some kind of standardisation amongst the faculties?
Of course there is a variation amongst subjects with Physiology requiring more understanding than some of the others but whatever the subject you have got to test whether people understand. You assume that they have the basic facts and we should not be testing that. We should be testing how they use those facts, which is hopefully what we do in a BSc exam (interviewer nods obediently).
People who have done the Physiology BSc will testify that your attitude towards the students changes considerably, compared with the first two years - any particular reason? You've grown up a bit by then! People do an awful lot of growing up in their BSc year. I think that I am always a bit disappointed with people in the first year who seem to want to reach the end of the first term without having done any work at all not realising the peril that they are putting themselves in. The course goes by so quickly, especially in the second term and if you don't start doing a bit of work early in the first term then you are in danger of failing in June.

`People do an awful lot of growing up in their BSc year.'

Will you stay with the department when the merger takes place or will you be "going down with the ship"?
I probably will stay knowing that the plans for the new school are that we belong to the Department of Physiology in a teaching sense and there are going to be research groupings that we will all be involved with. I'm going to be involved with the Human Physiology group and we're going to be on the top floor of Shepherds House. The teaching unit will be rather broader than it is now as King's offers a MSc course and the other exciting thing that is happening is that the Aviation Medicine Unit at Farnborough is really going to be no more and a Diploma in the course is going to be offered at Guy's. We are also going to have close links with the academic Department of Physiotherapy, on the floor below us.

What did you think of your send-up in the Christmas Show a couple of years ago?
I though that the portrayal by Richard Clinton was extremely good, along with the guy who did Hywel Thomas, that was very good.



Dug out from the Gazette Archives - Christmas Show 1996

So all in all quite an exciting time to look forward to?
Oh yes, I just wish the whole thing would happen so I could sit in my office and do what I want to do.

How long do you intend to carry on teaching and research?
I've got three years until I retire and I shan't retire and put my feet up. I shall probably do a bit of teaching abroad in various Universities that I have visited and have contacts with. I'll probably do that in the winter and come back to England in the summer for the cricket.

Does that remain your true obsession?
Yes, it doesn't die and it doesn't go away. I just wish I could still play!

Navtej S Chahal

How To Annoy Your Doctor...

'Another fine mess.....'

There is a certain type of person, hard to define, but definite in so many ways; who has the ability to tread in dogs' messes. They do it unwittingly, seemingly unaware of their feet, the ground they stand on, or the fearful effluvia they incur with their every step.

Their shoes are invariably brogues with treads like well-worn tractor tyres, and wherever they walk their footprints are like an obscene rubber stamp on the fitted carpets of this life.

Worse is to come; for when advised of their predicament they execute a soft-shae-shuffle much as a swarm of blue-bottles might desecrate the icing on a cake. For the life of me, I don't know why they do it. Not out of choice, I'm sure. And they're always such nice people.

On speaking to a Granite Wall

It happened on one of my first forays into general practice in Aberdeen when I was summoned to a tower-block by the Bridge of Don to visit a lady who was "nae affie weel", which I took to mean "poorly". I stood beside her bed and asked her, in my usual soft-voiced, English-accented tones, whether she had "any aches and pains". The old lady's face returned a blank gaze and so, thinking my tones had been too-soft for her aged cochlear nerves, I repeated the question 'mezzo forte', only to be rewarded by the same impassive, and now slightly quizzical, expression. Raising one's voice to patients and carefully enunciating each vowel and consonant can be a difficult balance between the intended helpfulness and apparent rudeness; nevertheless, in the interests of the consultation this is what I did, but in vain. At this point the patient's daughter who had been leaning on the head-board with an amused smile on her face roused herself, half-turned to her mother and said, no louder than 'mezzo-piano', "Ma, fit the mannie means is, hae ye ony sair pairts?" Immediately the matriarch's mouth sprang open and she poured out an account of her ailments in the graphic Doric of the Granite City and I realised in a flash that my Guy's Hospital English was not the passport to clear communication that I had been led to expect!

John Rawlinson
(Guy's 1970)

OUR ALTRUISM

There has been a shortage of sunshine this summer - at the time I am writing - although a reversal is forecast, so forgive me if by the time you read this you have been suffering from heatstroke. However, my reason for mentioning this is simple: my time has been spent less outside, and I have been looking through my own archives of pieces written for this journal in years gone by. Coupled with this has been a discussion with a friend about the nature of altruism. This subject has apparently come under scrutiny recently. I am inclined to the view that no such phenomenon exists. I include this in this column because nurses are often described in terms that might lead one to conclude they suffer from 'altruism'. What is altruism? My dictionary defines it thus: "the principle of putting the interests of others before one's own interests , unselfishness". Can one ever truly do this? I will explore, but first a little diversion. I have just been reading Iris Murdoch's novel 'A Severed Head'. Chapter Two opens with this sentence: "In almost every marriage there is a selfish and an unselfish partner". But when one starts to analyse such a statement, it appears that while this may be true on the surface, in fact, the so-called 'unselfish' partner, or for the purpose of this essay, the 'altruistic' one, is behaving thus in their own interest. They behave thus to keep the peace, to keep their sanity, to remain happy; at the end of the day their 'unselfishness' can appear just as 'selfish', as the other partner's open 'egoism', the alternative my dictionary offers for altruism. Incidentally I'm not sure how much notice I should take of Iris Murdoch anyway; Chapter Eight opens with this sentence: "Liverpool Street Station smelt of sulphur and brimstone". I trust the scientific memory of my readers needs no prompt from my dictionary definition of brimstone: 'sulphur' ! To return from this diversion to consideration of altruism. Do nurses act altruistically? Firstly, of course it will be denied as they are paid for their se~rvice. Hut, secondly, what about that expression 'acting beyond the call of duty': how far is this true? Perusing my archives I discovered certain observations I made on this theme long ago. 'Each year brings forth a new crop of young people who aspire to the altruistic ideals they mistakenly expect to find amongst all who nurse the sick'. And, 'we are no longer inspired by the image of the Good Samaritan'. Of course, if the Good Samaritan knew, and there must have been someone nearby to record his actions, what a marvellous 'press' he was getting, lasting at least to our time, at the end of

the second millennium, he can hardly be called an altruist. Didn't he do it for the good of his reputation? What about the person who jumps into a lake to save, sometimes failing, a drowning child or animal? Is that altruism? I contend not. The action is carried out either to promote other's good opinion, or to deny cowardice. Nurses often act, and indeed being paid poorly, act with great kindness and responsibilty. This also is not, I fear, altruism. What gets them going in the first place though? I recall my first interview with a Matron, when she reminded me, that in nursing, unlike many occupations, I cannot expect to leave duty 'on time'. The statement surprised me: I could not imagine ever leaving a patient, just for the selfish reason that I wanted to meet someone, catch a bus, or go to the theatre. How little I knew of the reality: Altruism, within the hospital setting, even beyond the famous call of duty comment, relies on adequate reward. Just as all actions depend on a hopefully, happy outcome. The nineteenth century freethinker, Ingersoll laid the ghost of altruism. While believing that we should be happy, here, and now, he concluded: 'the way to be happy is to make others so'. While admitting that this was a suggestion on the part of Ingersoll, it reminds us that actions supposedly 'altruistic', are nevertheless a 'secret' manner of rewarding ourselves and making ourselves happy. Thus we find it impossible to act totally selflessly: we are all the time acting in our own interests. This is part of our evolutionary nature: oh, that our own selfish interests always worked towards the happiness of others. Do we not realize that when acting totally as egoists, we are denying our happiness and our ideals? Maybe readers think nurses do possess a measure of altruism. Or do they prefer to get on with their job, just wait for the salary to come in. Of course some may find all that has been written a trifle pedantic. Others may yet concur with Humpty Dumpty who is quoted in Lewis Carrol's 'Through the Looking Glass, and What Alice Found There': When I use a word it means just what I choose it to mean - neither more nor less'.

Denis Cobell

"Diagnosis of the Orthodontic Patient"

F McDonald and A J Ireland
Oxford University Press 1998
264 pages £19.95

This book offers a very comprehensive insight into the diagnostic aspects of orthodontics. The Authors have managed to address a difficult subject with an easy step-by-step approach. In particular, there is an underlying emphasis on the normal physiological changes which take place in a developing dentition. The book is divided into ten chapters covering the development of the normal dentition and progressing into the aetiology and classification of malocclusion, the importance of the patient and parent interview is highlighted in addition to the clinical examination, records and diagnostic tests. The fmal chapter relates to the importance of treatment planning in orthodontics and addresses the different classes of malocclusion together with the management of the mixed dentition. The authors have included a nuxnber of useful case studies in an attempt to aid the readers understanding of the subject. The inclusion of chapters on dynamic occlusion, health considerations, evidence based practice, are of particular value in providing a more balanced overview of the subject. Each chapter is nicely summarised with an objectives section to test the reader's understanding and is well supported by the appropriate use of references. The text is generally well presented, however, the inclusion of more illustrations and perhaps bullet points would have been beneficial. This book provides excellent value for money and should be of particular value to undergraduate dental students and a good source of reference for general dental practitioners.

Amandeep Johal
Senior Registrar
Department of Orthodontics.

Clinical Medicine

Key Questions Answered

Wai-Ching Leung
Oxford University Press
ISBN 9780192628916

This 287 page book contains more than 700 MCQs, including 150 questions on General Medicine and 60 questions on each of the following topics; Clinical Pharmacology, Pathology, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Public health, General Practice and Postgraduate specialities (ENT, Orthopaedics, Accident and Emergency, Ophthalmology).

Obviously a book that covers so many different topics will never be able to provide a comprehensive assessment of each one. However it will provide a good summary for last minute cramming before the UMDS fourth year and fifth year finals, and no doubt also prove useful for self assessment in the 'new' integrated curriculum.

MCQs remain one of the best methods of assessing ones own strengths and weaknesses in the different subjects and specialities, inevitably forming a vital part of most medical students revision. In this respect Leung's book is unique, in combining questions on such a diverse range of topics in just one text, and as such will prove useful to many students.

The author's main aim in compiling this edition was to save students the expense of buying revision books for each subject, in this aim it undoubtedly succeeds.

As previously mentioned it does not cover any of the specialities in depth, which may or may not be a good point in a last minute revision book, depending on your personal opinion. In all fairness, the explanations that accompany the answers do provide a good, though basic, overview of each topic. The sheer breadth of medicine covered in this pocket sized text goes a long way to making this book an important, thought not essential, addition to every senior medical students book shelf.

Simon Merritt

The Event of the Year...

Guy's Hospital Dental Society

presents their final

Annual Dental Ball

Grosvenor House

31st October 1998

Tickets available in the Spit restaurant at lunchtimes
or from the ball Secretaries - Emily Champ
Nicola Ely
Antonia Onn

3 course meal (inc. wine)
Raffle
Live Band
Disco
Casino

£60
Single
Ticket

Mens Waterpolo

United Hospitals League 1997-1998
Result: Winners

Under the captaincy of Nic Lai the season got off to a formidable start with training sessions on Monday evenings seeing numbers in excess of 30 in the pool at Wolfson House. Prompting the rapid formation of a Ladies team. The league involved playing all U.H. sides once during the Autumn term and once in the Spring term, games taking place at the University of London Union pool. The first few games were won against well turned out hospital sides. The last match of the term was against Barts-London, last year's winners, and now leading on goal difference. The match was a hard fought with tough and tight marking very much in evidence. However, fast turnarounds created by excellent blocking and passsing saw us go ahead by several goals, a lead from which Barts-London did not recover. Final score: won 7 -3. The second half of the league saw the Guy's & St Thomas' team dominating all matches. The technical abilties of the team were now starting to become more evident. Slowly wound up attacks were alternated with fast breaks and counter attacks. The team's defence forming a seemingly impenetable wall to opponents. So, when the final match of the league was played against it came as small surprise that our playing took us to success in that game and the 1997-8 league title.

Team: Arnold A, Baines H, Berry J, Challacombe B, Fridd G, Kershaw S, Kinsey D, Lai N (Capt.), O'Leary J,Pearch B, Setchell A, Tang S. J O'Leary

University of London Waterpolo Cup 1998
Result: Winners

The first match was against the Royal Free. Two goals in as many minutes by Challacombe and Kinsey put us ahead. Competent play then lead to more goals : a back-hander from Fridd; a sling shot and 2 back shots from Challacombe. A brief lapse in the concentration of our defence and some slow swimming back by our forwards allowed the Free to score twice. However, the response resulted in the best play of the match. Kinsey burst forward drawing the defence and the keeper , a quick flick to Lai and another goal, the best play of the match. Result: won 7 - 2. Charing Cross & Westminster played us for our second match. Our 3 goals (Yerman, Fridd and N Lai) scored to their 1 summised a tight and tough match. Kinsey was noted in his non-troubling of the scoreboard having been majored in the first few minutes.

The final match was against the London and Barts. hospitals. The first remained goaless despite the huge amount of pressure put on the London/Barts. defence and an otherwise sitter of a pass from Challacombe to O'Leary following a fast break. The second half was filled with goals. Two excellent goals from Challacombe, the first, a back-hander which amazed the London-Barts. keeper from a seemingly impossible angle, and the second starting as a long pass from Berry to Challacombe who finished it with a powerful slingshot. The third goal happened as Fridd's excellent attempt at lobbing the keeper was just kept out but the ball was then rapidly returned by Tang finding the net as it did so. The captain finally decided to put his pie down and help out and then released a bouncing shot into the top right corner. Finally, scoring closed by one of the season's top scorers, Fridd, with textbook shot off the keeper's face. Oh yes , London-Barts. also scored a goal. Final score: 5 - 1.

Other notable performances of the tournament were: (I) the tight marking (and swimsuit!) tactics of Baines; (ii) Pearch's swimming talents; (iii) Berry's wingspan-assissted goalkeeping; (iv) N Lai's waistline; (v) Justine Crossley's role as team mascot and cheerleader.

Team: Arnold A, Baines H, Berry J, Challacombe B, Fridd G, Kershaw S, Kinsey D, Lai N (Capt), Tang S, O'Leary J,Pearch B, Setchell A, Williams N, Yerman R.
J O'Leary

United Hospitals Waterpolo Cup 1998
Result:Runners up

This conveniently delayed tournament with a London-Barts. referee finally occurred during our Easter holidays, not theirs! After the pounding given by the Guy's team earlier in the season, Mary's were left cowering and were unable to raise a team. Consequently, Guy's proceeded to the semi-final against the Charing Cross . The lack of recent practice showed with Challacombe, having eaten more than his fair share of Easter chocolate, hogging the ball and missing three times. However, O'Leary started the scoring with a long range intercontinental ballistic missile. Challacombe, burnt out and heading to the bottomunder the weight of chocolate, let his man through for an easy goal and then substituted out. This allowed the back pair of Pearch and N. Lai to slow down the tempo of game. This allowed J. Lai, Back after a restful season and a period of exile, to make a powerful break and finished with clinical elan! However, due to a mix-up with substitution, Kinsey was excluded from the match with a subse-

quent penalty awarded and scored by Charing Cross. Challacombe returned in the second quarter to score two slingshot goals, surprising himself most of all with their accuracy. He then substituted himself out again. Charing Cross did not further trouble a dominant Guy's side. Two more goals were scoered as the clock ran out (N. Lai). Win for Guy's: 6 - 2.
The final was played against London-Barts. Once again Guy's could not find the goal . O'Leary getting out at the wrong time thereby giving away a penalty (scoered) and heading for an early bath. Heated discussion by the captain with the referee over the finer points of the substitution rules lead to another penalty awarded and scored against Guy's. However, Kinsey made up for the rest of the team by slotting in two textbook goals in the second quarter against a tough London-Barts. defence. Some more suspect decisions from the referee allowed vital pocession to be given up with London-Barts. taking their chances and slotting three more goals past us. The captain lead a comeback with a powerful struggle in the hole in which he overcame his defender and placed the ball squarely in the back of the net. He then had a heated discussion with the referee and after much hand gesturing was sent sin-binned, giving away another penalty. J. Lai marked his return with two more misses but finally scored. However, it was not enough. Yerman found swimming difficult towards the end of the match, his muscles may have been pumped, legs waxed but his lungs had gone home in the semi-final. All was lost, after an unbeaten season Guy's had lost the cup because of penalties (sound familiar ?).

Season summary:
UL League Champions
UL Cup Winners
UH Cup Runners-up

Friendlies played during the season were against: (I) a combined St Mary's -Charing Cross team, which was won easily; (ii) Weastminster University team, won 12-3, it must be noted that the 3 goals scored against the Guy's team were done so by B. Pearch who played for the Westminster team to make up their numbers!

B. Pearch

Philip Reading

Philip Reading, who has died aged 92, was an outstanding otolaryngologist, serving Guy's and its associated hospitals from 1945 to 1969 as Consultant Surgeon. He started his undergraduate medical education at Guy's in 1924, after leaving St Dunstan's School, Catford, and was awarded the University Gold medal in the flnal MB in 1931, with distinction in Surgery and Midwifery. Later that year he added the FRCS to this achievement, and the London MS followed in 1933. He was appointed General Surgical Registrar at Guy's in 1932, together with other Guy's men such as Russell Brock and Headley Atkins who were ultimately to achieve fame, and was by all accounts renowned for his surgical teaching. He decided however, to broaden his surgical horizons elsewhere, and in 1935 took up duties at Selly Oak Hospital in Birmingham, where in the words of a friend of that period, Mr A M Nussey: "it was recognised at once that he was an exceptionally fine operator whose technical ability was fully matched by sound clinical judgement and outstanding personal qualities". He was disappointed however to learn that the post to which he aspired at Selly Oak would not materialise, but such was the esteem in which he was held by his colleagues there, that they prevailed upon him to turn to Ear, Nose and Throat Surgery and to take up the next vacant appointment in that field. With characteristic energy and enthusiasm, he proceeded to prepare himself for his new career, so that in due course, Selly Oak Hospital found itself with a new ENT surgeon. With the volume of work going through a busy department and with his standards set high, he rapidly became very proficient in his adopted speciality. Thus it came about that when Guy's looked for a successor to T B Layton, who was about to retire, it was to Philip Reading that they eagerly looked. He was appointed to the Consultant staff at Guy's in 1945 but was almost immediately called up to do 2 years military service in the canal zone in Egypt. His influence on the department at Guy's therefore only really began to bear fruit upon his

return in 1948 when he resumed his duties there. He brought a new look to ENT surgery at Guy's at a time when the frontiers of otological surgery were being rapidly expanded, and the momentum existed to take over much of head and neck oncological surgery which was traditionally regarded as the province of the General Surgeons. The fenestration operation of Lempert for otosclerosis was at the time of his appointment performed by only a handful of surgeons in Britain, but in no time he had mastered what was a delicate technique, which he was able to ofler to otosclerotics for whom hitherto there had been no surgical treatment available. When fenestration was superseded by stapes mobilisation and stapedectomy, he once again took up the challenge enthusiastically, quickly becoming proficient at both procedures. At much the same time as operations were being offered for otosclerosis, the new advanced reconstructive techniques of tympanoplasty to repair the ravages of otitis media were being adopted in this country, and once again he was one of the first to become actively involved. Although reared in the era of traditional mastoid surgery for acute and chronic inflammatory middle ear disease, when mallet and gouge prevailed, and operations were performed without magnification, he readily adapted to the requirements of the modern age. He thus took to the use of the loupe, the surgical microscope and the high speed drill with consummate ease. It was ajoy to watch what was a "tour de force" when operating on the temporal bone, at which time he expertly combined old methods with new. Meticulous in his surgery he was no less so in his record keeping for patients undergoing ear operations, for whom he kept a system of punch cards to enable accurate assessment of results well before the introduction of computerisation. His background in general surgery allowed him to move effortlessly into head and neck oncological surgery. Operations such as maxillectomy, total laryngectomy and radical neck dissection which in previous years had been performed by assistant general surgeons, were now routinely performed in the ENT department under his tutelage. His technique in the neck was as superlative as his otological surgery and defined him as a true surgical artist. Well before the concept of combined cancer clinics had been established, he recognised the need to treat head and neck cancer collaboratively rather than in competition with the radiotherapists, and in 1949 set up a combined clinic with his radiotherapy colleague, John MacArthur which would meet once a month. He also appreciated the immense psychosocial and educational problems confronting deaf children,

and the need to tackle them on a broad collaborative front. It was thus that the first seeds of a hearing and language clinic for deaf children were sown at Guy's, in conjunction with Dr Mary Sheridan and others who were interested in this specialised field. Equally towards the end of his career he recognised the importance of objective evoked response audiometry for the assessment of hearing in those patients deemed unsuitable for pure tone testing, and set about procuring one of the first of the primitive machines of that era for the department at Guy's. Philip Reading was a brilliant teacher, and very early on when visual aides were a relative innovation, set about building up a unique collection of slides, posters, and films for undergraduate teaching. Such was his enthusiasm for visual aides in teaching that when the Department of Medical Illustration and Photography needed a new Director in 1958, he was the natural choice for the post. His passion for teaching was not confined to undergraduates, something to which generations of ENT registrars will testify, but it was perhaps the manner in which it was delivered which was responsible for so many of his trainees becoming devoted disciples. His book "Common Diseases of the Ear, Nose and Throat", started when he had time on his hands while doing National Service, and published in 1950, was a classic of its time. He went on to become examiner in the Fellowship of the College of Surgeons of England, and was remembered by countless candidates for his fairness and kindness. In 1968 he was elected President of the Section of Otology of the Royal Society of Medicine and delivered an outstanding Presidential address on "James Hinton, Aurist to Guy's Hospital". Philip Reading was a brilliant Otological and Head and Neck surgeon, a born teacher, and a wise and compassionate doctor. He set himself high standards to which his juniors aspired, and served as the role model of kindness, courtesy, modesty, and intellectual honesty. He retired from Guy's in July 1969 to spend his remaining years with his family in Alfriston , Sussex. A keen gardener, he also indulged his passion for wood carving at which he excelled. A lover of books and music, he had much to occupy him during his retirement. Sadly, his beloved wife Kathleen predeceased him, but Pat his daughter to whom we offer sincere condolences, was there to lavish her love and affection to the end.

OH Shaheen

Kaye Grant

(1909-1987)

Ken (Kaye) Grant died on 28th October 1997 aged 88 years. He became the hospital "Barber" in the early 1960's and spent many happy years working in the wards and his "private room/salon" on the ninth floor of New Guy's House. Originally employed to cut the hair of (longer stay) patients, Ken expanded his duties to include preparing (shaving) patients for surgery and also became the resident hairdresser to many of the staff, male and female, both medical and ancillary. Following the death of his beloved wife Rachel in 1973, Ken found the support of all of his friends at Guy's a great comfort. A man of small stature, but with a large heart, many people will remember seeing him walk through the hospital in his short grey uniform jacket with his ever-present briefcase, for carrying the tools of his trade. On any number of occasions,by staff and patients alike, he was mistaken for a doctor; although, because of his bedside manner with his "patients", perhaps this was not really a mistake. During his twenty odd years working at the hospital, he made a great many friends. At the reception to mark his retirement, he received many glowing tributes from those he worked with...He will be sorely missed. L Grant

Marie Cripps

1 April 1925 - 10 July 1998

For 22 years was ward receptionist on Victoria and Evelyn Wards at Guy's Hospital. Died in Eastbourne District General Hospital on 10 July 1998 after a long illness courageously fought. She is survived by her loving daughter, Lesley, and her two grandchildren. Marie was a good and loyal friend who will be greatly missed by all who knew and loved her.

Jill Gray (Walker)

DR. P.F.A. CRAWSHAW

8.1.1920 - 21.6.1998

Dr. Crawshaw came to Guy's as a Clinical Student from Cambridge in October 1949. He found himself in a class of mostly Oxbridge graduates who had not seen war service. Although he was 'different' (married, older , scarred by the war) these factors were never obvious. His somewhat pedantic and obstinate character was softened by his sense of humour and fun and he earned widespread affection and respect. He was very conscientious and never allowed his family responsibilities to interfere with his medical studies. He became President of the Residents during his eighteen months on the House. After qualifying he founded the '52 Club. This is a Dining Club which meets annually, the membership being invited by Patrick from his contemporaries. lnitially it was his ambition that the Club would continue beyond the lifetime of the originaf members and he therefore sought to recruit new and younger Guy's graduates. Later he changed his view to think in terms of the Club being finite although it is still flourishing today. After many years of doing all the organisation himself, he passed this on to other members but still maintained his interest and indeed it has always been regarded as Patrick's Club. Despite his failing health, he managed to attend every meeting. Patrick was born in Wiltshire and won an exhibition to Uppingham where he had a successful career, representing the school at hockey and showing a talent for playing the violin. He left schoo! in 1938 and gained a place at the lmperial College to study engineering. During that summer he had a three month placement at a brewing equipment manufacturer in Germany. Whilst there, he took a part-time course in German at Heidelberg University. The foreman, under whose jurisdiction he was, wrote that he was "very sorry that this honest and sincere young man will soon leave u s" The wa~t~ came and interrupted his studies and in November 1939 Patrick volunteered and enlisted in the Royal Engineers and was commissioned after six months. He was soon posted to Bangalore as the officer commanding No. 14 Bridging Section of the Madras Sappers. He had a few happy months building bridges, riding horses and winning the batallion prize for marksmanship before being posted to Singapore. He was captured at the time of the fall in February 1942. Of the 84 members of his Section, only 46 survived. He was originally interned in a Changi but then moved to Formosa and finally to the Japanese mainland. He rarely

spoke of his deprivations or of the extent of his suffering. It was due to seeing other suffering that made h`im change his mind about his future career and in one of the few letters that his parents received, he told them of his decision to become a doctor and requested that they should try and arrange a place for him at Cambridge. Somehow he managed to obtain a copy of Gray's Anatomy which he started to read whilst still a prisoner. Before going off to Cambridge in 1946, he married Elsa who supported him during the difficult years ahead. By the time he qualified in 1952, he had three children and the fourth, and last, was born in 1954. Following his time on the House at Guy's, Patrick found a Practice in Newbury where he spoent a few years. 5ubsequently he moved to Crondall in Hampshire where he stayed until his retirement. As the local G. P. he became a much loved and respected member of the community willing at all times to tend their needs. When not caring for his patients or looking after the family, he would want to be doing something practical with his hands such as constructing a swimming pool in the garden and making boats for his children. Patrick retired in 1980, his health being affected by severe backache which was thought to be due to his ill-treatment as a young man. Two operations failed to entirely relieve his pain which continued for the rest of his life. His wife died in 1990 following which Patrick moved to a smaller house not far away at Pewsey where he was fortunate to find Mary Winder (nee Dalby), whom Patrick knew from his Guy's days, as a near neighbour. Patrick was now beginning to show the evidence of his last illness (Progessive Supra-nuclear Palsy) and Mary proved to be a tower of strength in supporting him during his declining years, as his illness finally consumed this practical, active, intelligent and lovable human being. He is survived by his four children.

Lloyd Rankin

GUY'S HOSPITAL MEDICAL & DENTAL SCHOOLS

Gazette

Bored after your summer holiday?

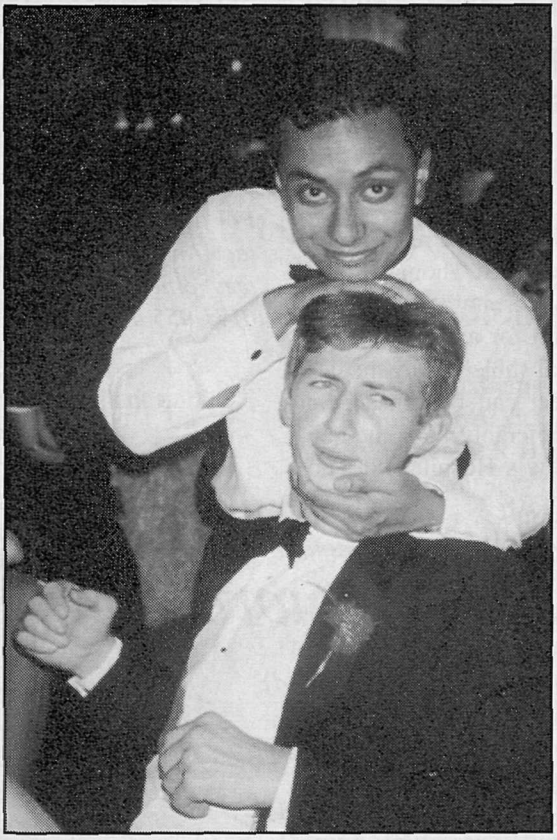
Looking for a new challenge?

The Oldest Hospital Gazette in the World is actively searching to expand it's team. We need **Medical** and **Dental** representatives from each year to help co-ordinate editorials and news.

Guy's campus is bec[illegible] the centre of education here at GKT, Kings (what ever we are now) and the Guy's Gazette is going to remain at the centre of it all.

Its a great oppurtuni[illegible] looks good on your C.V!!

Caption Competition...



The Gazette team would like to see if any of you have a wild imagination for this month's Caption competiton. This photo was taken at one of the many balls at Guy's.

Captions and other correspondance on a postcard to: *Guy's Gazette Caption Competition, Boland House, Guy's Hospital, London, SE1 9RT.*

The Lord Brock Memorial Trust Historical Essay Competition 1998

The Lord Brock Memorial Trust, which is responsible for the Old St Thomas' Operating Theatre, Museum and Herb Garret in St Thomas Street, opposite Guy's Hospital, holds an annual competition for an historical essay on a medical subject. Any medical historical subject can be chosen, but there should preferably be some connection with Guy's Hospital, St Thomas' Hospital or the Medical School. The prize is £300. The competition is open to anyone associated with Guy's, St Thomas' or UMDS.

The closing date is 31 October 1998.

For further written details, please contact Anne Rigby in the Special Trustees' office on Guy's extension 5316 or 0171 955 4996

Guy's Memorabilia

Crystal Whisky Decanter (gift boxed)	£70
Pewter goblets	£25
1-pint pewter tankard	£25
6oz Hip flask with captive top	£19
4oz Hip flask	£14
Gold plated cuff-links (boxed)	£20
Keyring	£1.50
Paper weight	£4
250 years of Guy's' book	£3.50
Crystal night cap set (2 tots, boxed)	£37.50

(Please add £1 for postage and packaging. Crystal items not posted.)
Tel: 0171 955 5143 Fax: 0171 955 2832

New Divisional Heads

The new Divisional Heads and Deputy Heads for the Guy's, King's and St Thomas' Schools of Medicine, Dentistry and Biomedical Sciences are as follows:

Dentistry

Dental Public Health and Oral Health Services Research/Schools of Dental Nursing
Head - Professor S Gelbier
Deputy - Professor D Gibbons

Craniofacial Development and Biomaterials
Head - Professor P Sharpe
Deputy - Dr J Nicholson

Community Dentistry/Sedation & Special Care Dentistry
Head - Miss M Skelly
Deputy - Miss L Zoitopoulos

Prosthetic Dentistry/Technical Schools
Head - Professor R Watson
Deputy - Dr J Walter

Conservative Dentistry, Polyclinics and General Practice
Head - Professor B Smith
Deputy - Dr A Inglis

Orthodontics & Paediatric Dentistry
Head - Professor M Meikle
Deputy - Miss P Smith

Oral Medicine and Pathology, Microbiology & Immunology
Head - Professor SJ Challacombe
Deputy - Professor D Beighton

Oral & Maxillofacial Surgery, including Dental Radiology and Accident & Emergency
Head - Professor J Langdon
Deputy - Professor M McGurk

Periodontology & Preventive Dentistry including Hygiene Schools
Head - Professor B Eley
Deputy - Professor R Palmer

Medicine

Medicine
Head - Professor A McGregor
Deputy - Professor R Hughes

Surgery
Head - Professor K Burnand
Deputy - Professor I Benjamin

Women's & Children's Health
Head - Professor P Braude
Deputy - Professor A Greenough

Clinical Laboratory Sciences
Head - Professor G Mufti
Deputy - Dr B Hartley

Oncology/Palliative Care
Head - Professor M Richards
Deputy - Professor I Higginson

Primary Care & Public Health
Head - Professor P Burney
Deputy - Professor R Higgs

Psychiatry
Head - Professor R Murray
Deputy - Professor T Craig

Dermatology
Head - Professor R Hay

Deputy - Professor R Eady

Radiological Sciences & Physics
Head - Professor M Maisey
Deputy - Professor C Roberts
Medical & Molecular Genetics
Head - Professor E Solomon
Deputy - Dr C Mathew

Biomedical Sciences

Anatomy
Head - Professor K Webster
Deputy - Professor S Standring
Medical Biochemistry & Molecular Biology & Biophysics
Head - Dr L Mahadevan
Deputy - Dr JH Thomas
Pharmacology
Head - Professor P Jenner
Deputy - Professor J Ritter
Physiology
Head - Dr M Segal
Deputy - Professor P McNaughton

MRC Studentships Awarded 1998/1999

The Medical Research Council has recently awarded a number of Studentships for the 1998/1999 academic year. Congratulations to the following successful UMDS departments who have received award:

Allergy and Respiratory Medicine;
Biochemistry and Molecular Medicine;
Craniofacial Development;
Developmental Neurobiology;
Experimental Pathology;
Medical and Molecular Genetics;
Neuroscience Research Centre;
Oral Medicine and Pathology;

£33,000 AND A GUARANTEED JOB. THIS MAY BE THE LAST EASY DECISION YOU WILL HAVE TO MAKE

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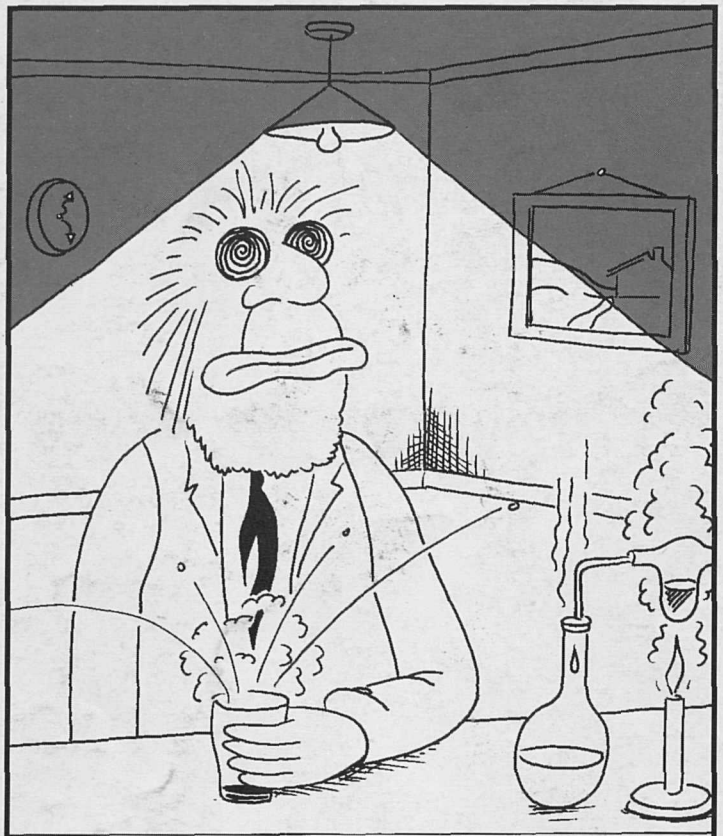
Why not let us help you plan your future if only in the short term.

ARMY
OFFICER

BE THE BEST

For further information, including details of the RAMC, the cadetship scheme and salary rates, write to Colonel AP WILLMAN or Captain C CHAPMAN RAMC, Officer Recruiting, Regimental Headquarters RAMC, Keogh Barracks, Ash Vale, Hants GU12 5RQ. (Quote *UMDS/98*) An applicant must be a UK citizen, pass a medical and successfully appear before a Selection (interview) Board before a cadetship may be awarded.

The Army is committed to Equal Opportunities.
E-mail: rhq.ramc@clara.net
http://www.army.mod.uk



When he first got an inkling that his health was not what it should be,
Dr Jekyll was glad he'd invested in a Career Protector.

Your health is an insurable asset...
...your future depends on it

When you are young and fit you may take your good health for granted but one of the most fundamental insurance requirements for all those in the medical profession is full sick pay protection. However, individual needs will be different for medical students and qualified doctors. That is where Career Protector comes into its own. It provides income protection that grows with you through your career. It gives you just the cover you need at a price you can afford.

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John McGowan
Tel.: 0181 398 377

Dean Skidmore
Tel.: 01932 342449

Your PR Representative is

Emma Collins
Telephone: 01420 520 256

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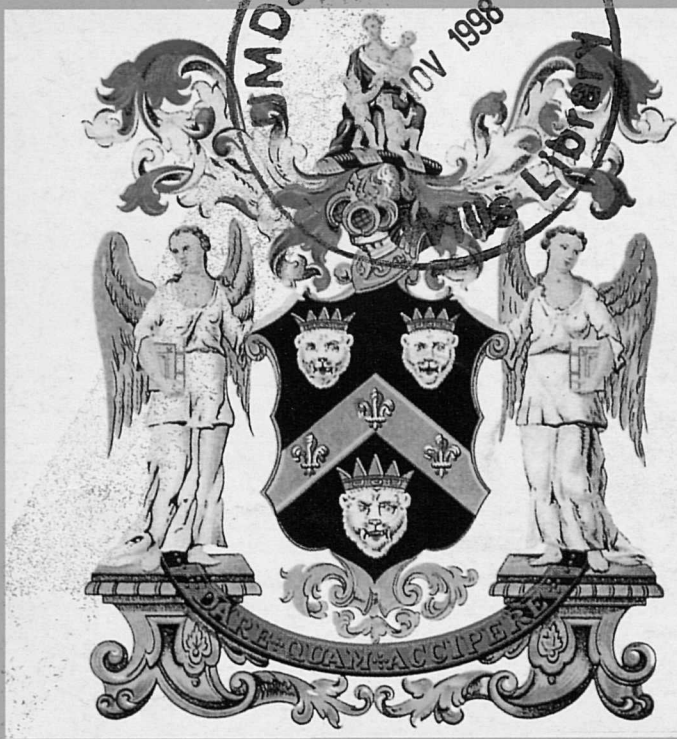
GUY'S Gazette

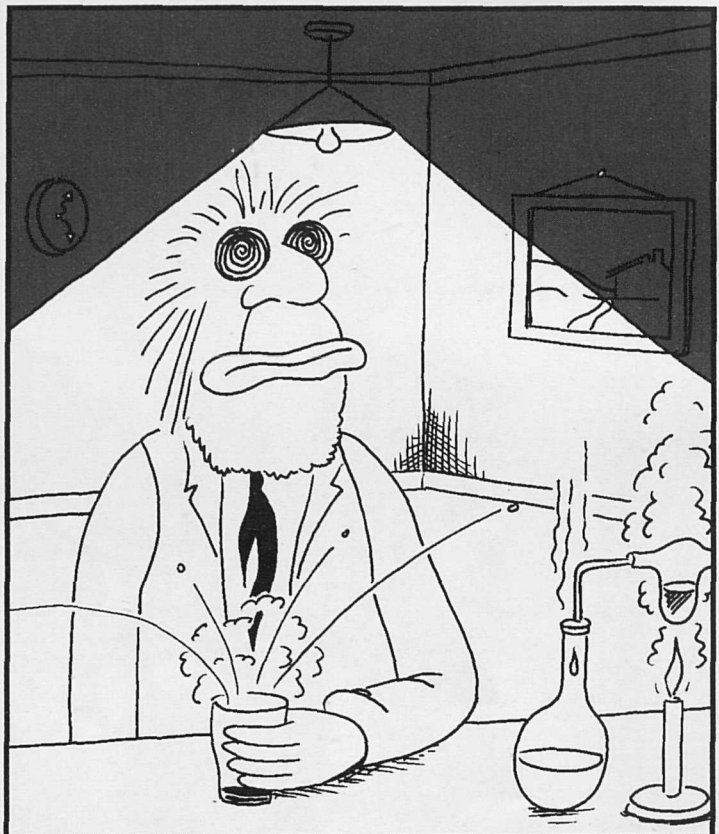
HOSPITAL, MEDICAL & DENTAL SCHOOLS



GMDS Guy's
NOV 1998
Library

September 1998

- Welcome Freshers
- Merger or Takeover?
- The days of Your Life



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Passim

The Kings merger with UMDS has already come under heavy fire from staff and students alike amongst the former community that was UMDS. A lot has to do with the cold and superior attitude that many at King's College have adapted towards those previously employed and educated by UMDS. A friendly, small, close knit community that was dedicated to the education of its students and subsequently thrived, has been replaced by what appears to many as an insensitive, money and bureaucracy obsessed, bigger brother. It is frustrating that most of what was said pre-merger about incorporating our college into KCL has been ignored. Efforts are being made by the KCLSU sabbaticals aided by the GKT president to reach reasonable compromises to arising problems.

However, on occasions it does seem that individuals can be inflexible and unwilling to conceive the idea that anything can be done any other way than the King's way. The overwhelming, and most alarming impression that is given, is that any compromises that are given now are only short term and will gradually be phased out until none exist. I feel that it would be unfair to lay the blame totally in the lap of KCLSU, who have tried to accommodate the growing needs of its student body as fairly as it has seen fit. The problem is caused by the colleges constant refusal to acknowledge that as a larger student body, a multi faculty student body, the students require a level of funding consistent with that of other multi faculty universities. Whilst they continue to cut funding, overlooking the needs of the students, only friction can arise amongst the students who see themselves comparatively worse off post merger. If the colleges' budget cannot expand to meet the increasing needs of its expanding student body then one has to question the wisdom of a merger. This consideration is even more poignant when you remember the most important entity to any college is its students.

Richard Clinton

Guy's Hospital Dental Society
Annual Dental Ball

Please complete the slip below and send it to: Antonia Onn, The Ball Secretary, Floor 24, Guy's Tower, London SE1 9RT

To: The Ball Secretary, c/o A. Onn, Floor 24, Guy's Tower, London SE1 9RT

Please send me ..... ticket (s) at £60 per single ticket for the Ball to be held on Saturday 31st October 1998.

I enclose my cheque for £ ..... payable to: GUY'S HOSPITAL DENTAL SOCIETY.
And a stamped addressed envelope (essential).

PLEASE PRINT DETAILS:

Name: .....

Address: .....

.....

.....

Tel No: .....

Names for seating plan .....

(Please give all names - NOT 'Guest')
Names of those with whom you would like to sit (Tables seat 10)

.....

.....

Signature ..... Date .....

Please tick the box if you require vegetarian meals ☐

Annual Dinner

Dear Madam,

Your note this month about the 30th Annual Dinner for the Guy's '69 Club claiming a possible record for "year groups at Guy's" can easily be refuted by the record of the year group of which I am a member. Our group consists of friends who qualified in the years between 1946-1948, for the 50 years about 30 members have at times attended, mainly medical but one or two dental graduates. At the end of November we are to have our 50th consecutive dinner at the Cafe Royal. The founder of our group and driving force behind it is Tony Crick and usually some 12 people attend. In addition we also have a Summer dinner at a hotel at Woodstock, Oxfordshire and wives and widows also attend this function which is mainly organised by John Moffatt, the Summer dinner has been held for 25 or 30 years, the attendance is usually 15 to 20. I am sure we would be glad to hear from any other interested contemporaries who would like to join us.

Yours faithfully

Dr W.H.Barker
(Guy's 1944-47.)

Merger Concern

Dear Madam,

I have been compelled to write this letter following a conversation with my friends over lunch regarding what else but the merger.

As a member of the senior student body I'm sure that I will echo many of the conversations occurring every day among student's and staff at our hospital.

In 1994 when applying to medical school I chose very carefully the establishments to which I wished to apply, and unfortunately KCH was not one of these. Not only was I unimpressed by what they had to offer, but I was actively advised by teachers, parents and other medical professionals that an application to King's was an extremely bad choice. Imagine my dismay that not only I am now forced to become a member of this institution but I may find myself being presented with a degree from the very same place, instead of from my original choice of Medical School.

The fact of the matter is that this is not a merger but a take-over, and this is the realisation that is dawning on the disillusioned student body. Not only have we been continually misinformed about events but we have had promises broken at every turn and our opinions

and feelings completely disregarded. Our lives have been turned upside down by the sudden, uninvited arrival of numerous sabbatical officers from the Strand who have no idea or experience of the way our college has happily functioned for decades. Despite the valiant efforts of The Guys and St Thomas' President and committee, sports kits have been changed, charges imposed for membership of any club (never previously seen at UMDS), bar prices raised, games, jukeboxes and pool tables re-contracted (to companies charging more), places in halls on campus filled (it would seem by any student other than a medical one) and worst of all any scrap of history left by UMDS erased.

My peers and I cannot understand why this has happened. Everything used to run smoothly, but with the changes imposed by King's, one can't even be paid wages or reimbursed money without a trip to the Strand.

Kings are well known throughout London as annual also-rans in any extra curricular or sporting event, making the changes to the Wednesday sport even more ridiculous. The merging of the sports teams wouldn't be so bad if more than two students from King's were going to feature in any team for any sport.

The KCLSU even want to take over our freshers and rag weeks because their apathetic students are unable to make a success of these events on their own. It doesn't surprise anyone that King's want to gain control of anything remotely successful or good from Guy's, as it will only serve to enhance their meagre reputation. For students at Guys and Tommy's, however, the merger offers nothing, only that it takes away and lessens the reputation and achievements of every individual student.

My acceptance of a place at UMDS was a contract to the services they offered, and this is no longer being fulfilled. As students of Guys and St Thomas' we are proud of everything about the institution. We even have our own friendly rivalry between students mainly dependent on their initial point of residence at either Wolfson or St Thomas' House. Already Kings are trying to erase this history, with the ridiculous renaming of the Medical School building and repainting of the entrance with Kings College established 1826. Not only has this removed any mention of the fact that the building used to belong to Guy's Hospital but it also neglects to mention the fact that as a medical school Guys was formed some 150 years previously. I am also informed that St Thomas' is already referred to as the Waterloo Site in the new King's prospectus, how

long will it be before Guy's, with all it's history, is also marketed as the London Bridge Site?

The dismay of current students is evident everywhere at the moment and the student body, as a whole, can see only one solution. Unfortunately, the people who will really suffer from this are the new arrivals to the medical school this year. Due to the appallingly bad handling of the whole process, GKT will not be the happy, welcoming, friendly place that UMDS was. Current students are not going to rush to be hospitable to any of the new students when they arrive, and there will certainly be no mixing or integration of different year groups that was so evident within UMDS. In fact the reverse may occur with hostility, dislike and disregard for any King's student (whether medical or other taking a halls place on the site and using our facilities). Old boys will cast their minds back to the first flawed attempt at merging Guys and St Thomas',which eventually broke down.

Unfortunately, this is the only response that students can see to the whole situation. The blame for this has to be laid at the feet of the controlling individuals of the merger and at KCLSU itself for the present situation. Judging by the words flying around the current students, it's going to take a very long time, if ever for any amount of normality to emerge from the current situation.

The merger has gone ahead and no amount of student pressure can change that. We've already lost many individuals who are not prepared to contribute anything to GKT. The people in charge and the KCLSU must realise that before they alienate everyone from the place they must radically rethink some of their policies. As students of Guys and St Thomas' we need a voice that is listened to, not ignored. We need to be able to retain our individuality, identity and history. We need to have everything promised in our UMDS prospectuses available, and we need to qualify from the place to which we applied. The whole merger seems to be about making money and keeping a 'big brother like' eye on the students (cameras are soon to be erected in the bar, not just in Boland House). It is time that the people at the top stopped rubbing their hands together at the prospect of all the money they are making and actually listened to and gave something back to the students. This needs to happen not just for the sake of the current students, but for the new arrivals and for the future of the whole college itself. If this doesn't happen, then GKT (or King's Medical School as it will soon be known) will become renowned as an unfriendly and bad place to study medicine or dentistry.

I only hope they listen.

Name Supplied but witheld

Student Outrage

To Whom it may Concern,

I feel I speak for many medical students at "GKT" when I say that I am outraged at the recent change to the medical school. We are now welcomed at the Guy's campus with the newly painted message "King's College, London, dedicated to the advancement of knowledge, learning and understanding in the service of society".
The site at Guy's is still Guy's Hospital however it is run politically. Patients by and large do not know about GKT/King's. They are treated by and feel strong bonds with one hospital, whether it is Guy's, St. Thomas' or King's. As I understand it, GKT is the medical school within King's College. I feel that sand has been thrown in our eyes and we have been lulled into a false sense of security. GKT seems to be a pacifier to all those who respect the function of each of the individual hospitals and are fighting to retain some form of identity. I predict that Guy's and St. Thomas' will be lost to King's within the next two years. Many feel the student and junior staff's view has not been taken into account. We are the future after all....

I have sent a copy of this letter to Professor Sir Cyril Chantler and invite him to reply through Guy's Gazette.

Yours faithfully,

Rachel Besser
(+ over 140 student signatures)

A word from the Vice Principal

Dear Madam,

All of us are bound to feel a sense of loss with the passing of UMDS. It is I suppose worth recalling the anxiety that greeted its creation in 1982 when two famous institutions, the Guy's Hospital Medical and Dental School and the St Thomas' Hospital Medical School were combined. Many people have told me over the years that they regretted our use of the acronym UMDS because the outside world did not immediately connect it to Guy's and St Thomas'. It is for that reason that we have decided to use the full title 'Guy's, King's College and St Thomas' Hospitals' Medical and Dental School' outside though it is inevitable that internally the acronym GKT will be frequently utilized just as other schools are known internally by initials. We want everyone outside the institution to know that we are connected to three very famous hospitals

and that gives us a special legitimacy as a medical and dental school. In time it is likely that the world outside will recognise GKT and it certainly will be easier to connect these initials to the hospitals, in a way which was never easy with UMDS.

Now for the other points made in the article last month. These are the facts. The campus at Guy's will be known as the Guy's Hospital campus and there will be a St Thomas' Hospital campus and the King's Denmark Hill campus, at the site of King's College Hospital. Thus, the names of Guy's Hospital and St Thomas' Hospital will be preserved, and the campuses will not be referred to as The London Bridge campus or The Waterloo campus. In fact there is a Waterloo campus and this refers not to St Thomas', but to Cornwall House, Waterloo Bridge House and the Stamford Street apartments.

UMDS guaranteed students accommodation in their first year and wherever possible in their final year, should they wish it. It is our intention if at all possible, to maintain this promise for all students who entered UMDS prior to merger. This year all first year students who applied on time are being accommodated and late applicants are now being considered. Although the allocation cycle is not yet complete, all final year students who applied on time have been allocated a place. Wherever possible returning students are allocated to residences in accordance with agreed priorities and with their stated preferences. The first year students are mixed up throughout the residences and this is very much our policy as we want people to make friends and interact with people from other disciplines, not just medicine and dentistry, during the first years of the course. Incidentally this policy has always been regarded positively by students who were at King's College School of Medicine and Dentistry.

I am reliably informed that the price of beer has gone up by 10% and that there is no policy within King's Student Union to equalise bar prices across the College and for years the price of beer has at the Students Union at King's College Hospital and on the main Strand campus.

The special position of medical and dental students with their long course has always been recognised within King's and by the King's Students Union and arrangements at Denmark Hill always took account of this. In fact the President of the King's Students Union and last year's President of UMDS worked closely together in developing arrangements for the merger and this process is continuing under the new Vice-President for GKT, Miss Ellie Day. I have spoken to the Principal of King's College and he shares mine and indeed your correspondent's

enthusiasm for producing doctors and dentists who have a wide range of interests both inside and outside their profession. He accepts, as I do, that it is important for the College to provide what support we can to the various clubs and obviously budgets have to be set year by year in relation to the prevailing economic circumstances of the College, but there is certainly no intention to reduce subventions to the Student Union in future years. The College does not dictate to the Union how its funds are to be used, other than within the law. One also has to remember that the King's Student Union is a much, much larger enterprise than the Amalgamated Clubs' Union was at Guy's and St Thomas' and in many ways runs as a successfull business, generating income to increase the facilities and opportunities available to the students. Indeed, the increased opportunities, both social and intellectual are part of the justification for merger.

Yours faithfully,

C. Chantler

Guy's Memorabilia

Crystal Whisky Decanter (gift boxed)	£70
Pewter goblets	£25
1-pint pewter tankard	£25
6oz Hip flask with captive top	£19
4oz Hip flask	£14
Gold plated cuff-links (boxed)	£20
Keyring	£1.50
Paper weight	£4
'250 years of Guy's' book	£3.50
Crystal night cap set (2 tots, boxed)	£37.50

(Please add £1 for postage and packaging. Crystal items not posted.)
Tel: 0171 955 5143 Fax: 0171 955 2832

Merger Column

As pointed out in the original article in the last edition of the Gazette, this column is intended to discuss issues surrounding the merger which directly affect the students of UMDS, whether they be to their advantage or indeed to their disadvantage.

As with most things in life, there is good and bad to report this month. The increase in bar prices, not as large as first thought (due entirely to the efforts of the Guy's bar staff and Ellie Day, VP GKT), has borne fruit in the form of new pool tables and a new Juke box for Guy's bar, additions which are sure to be welcomed by all students, well done to KCLSU!

I am also glad to report that Professor Sir Cyril Chantler, the Vice Dean, has replied to last months article on the merger/takeover, his letter is reproduced in this issue. I would like to take issue with the Dean on several points in his letter.

Firstly, despite the fact that the medical school was officially known as UMDS, it was always affectionately known as Guy's and Tommies, so to claim that the new name "GKT" brings us any benefit in terms of identity is false.

Secondly, it is pleasing to hear that all final year students will be guaranteed accommodation, however when the last article was written the accommodation office at King's was being particularly unhelpful and many students had in fact been turned down for accommodation.

Thirdly, I would like to record my joy, on reading that KCLSU have permanently increased their funding for clubs and societies and that there is no intention to reduce it.

Fourthly, as to whether KCLSU will make a success of 'business' at Guy's and Tommies has yet to be seen, I hope that they will.

"...would lead us to believe that there is no sense of identity or tradition at King's, a fate that may well befall Guy's and Tommies unless we are careful."

It is interesting to note that the only positive item on the merger has come from the Dean, all the other articles and the letter in this issue are all anti-merger, perhaps the medical school and King's college should take note that there are a lot of unhappy students out there. Students who applied to UMDS and indeed expected to have their degrees issued by UMDS, still wish this to be so. After all if we had wished to join King's then we

would have done so!

The King's merger has seen a further increase in the cost of photocopying in the medical school, to 7p per page (it was already overpriced by UMDS). As pointed out by a senior member of the clinical staff, King's College shouldn't be making a profit out of its students and staff in this way. It would be more understandable, 'though still not acceptable, if the photocopiers were new and the copying of good quality, however they are not and it is not. It is sad when an academic institution feels that it must place a 'photocopying tax' on its students whose finances, after a five or six year course, are already stretched well beyond breaking point.

Last, 'though by no means least I would like to use this column to emphasise the importance of tradition and identity, two commonly underrated values. Those members of KCLSU responsible for integration of UMDS into King's are apparently becoming exasperated with the attitude of 'our' senior students who are anxious to maintain the identity of Guy's and St. Thomas'' within the huge institution that is King's College. This anxiety is entirely understandable if you consider the culture shock which takes place when, one day you are a student at a comparatively small college (UMDS) and the next day the college to which you applied has been swallowed up. Such change will always take some time to sink in, and whilst we realise that we have to move on, many students have yet to be convinced of the value of the merger. Comments overheard from a senior member of KCLSU (too derogatory to print) would lead us to believe that there is no sense of identity or tradition at King's, a fate that may well befall Guy's and Tommies unless we are careful.

Just as a footnote, readers may be interested that the King's College Student Magazine has reprinted my last article on the merger/takeover, as if that wasn't enough, rumours are circulating that a national newspaper is interested in covering 'our' story! I will keep you informed.

Any issues which readers feel to be relevant to the merger, good or bad, or indeed responses to anything covered in this article or the last will be gratefully received. All letters should be addressed to the merger column, Guy's Gazette, Guy's Hospital.

The Gazette committee feel that due to the topical nature of the points aired in this column and shared by many other other students, it would be in the authors best interests to have their identity withheld

Name witheld by the Editor

EVENT OF THE YEAR

GUY'S HOSPITAL DENTAL SOCIETY

presents their

ANNUAL BALL

Grosvenor House

31st October 1998

Watch this Space!

Making our voices heard. . .

I am writing this piece as a member of King's College London's newest asset: Guy's, King's, and St. Thomas' medical school. Stating this, in itself fills me with intrepidation, as I am sure it will do for many of the students it will now affect. The fact that this merger was going to occur is not new. Staff at UMDS made sterling efforts to publicise it as the day drew ever closer, and to a great extent succeeded. However, although the merger was indeed well publicised, many are unaware of the true implications of the changes that have occurred. This is not entirely surprising considering many consequences of the merger would have been impossible to fully consider in advance. But where does this leave the students whom it affects? I wish to address the problem of students taking years out of the medical degree (for example to take BSc's), only to return to find that the course they were following no longer exists. What if the one that has replaced it means they either have to repeat exams they have already sat (pathology?), or miss out on training the new year have already received. What if students fail one of the new end of year clinical papers. Will the whole year have to be retaken? Is the university planning to fob off concerned individuals until it is too late for them to argue? It is obvious that running separate courses is going to be difficult, if not impossible to timetable, as well as impractical, but these are merely two examples of potential problems during this interim period. These might be more easily resolved than I imagine. Perhaps it merely means having a slightly longer term, and perhaps facilitating a January resit exam respectively. However, are we to hope that with time these problems will resolve themselves, or is there something we can do about it? I think so. The merger may have been out of our control, but its implementation is certainly not. It is our duty to use our own voices, and the many others we have elected to represent us, to voice our opinions.

The reason many students were so anti-merger is a simply matter of pride. Medical Schools have always been shrouded in very unique history and traditions, which even new medical students are quick to adopt and harbour as their own. These traditions become part of who they are, and so it is not surprising that the talk of two schools merging should be met amongst the students with a certain degree of hostility, through fear of losing their identity. It is up to each one of us to make sure that this is not the case. For those who care about

their institution and its future, this is the time to stand up and be counted. For if we do not pass our views on through our representatives, through ourselves, or anyone else who can make a difference, we only have ourselves to blame when the wave of change comes crashing down upon us.

Authors name witheld

See footnote on page 299

Refreshing our colleagues from King's. . .

Subsequent to a recent school meeting regarding the merger (August 1st) with King's College London, our previous student president, Richard Clinton, was asked by a number of students if he could organise a meeting to highlight how and when the King's merger would affect students here at Guy's. On the 31st March, he willingly obliged, and an overview of the content of that meeting is outlined below.

After brief introduction, Richard handed the proceedings over to Nishal Amin, chairman of the Student Medical Education Committee, who addressed impending curricular changes for the institution, which will be known as GKT (Guy's, King's and St.Thomas'). The structure for the preclinical teaching remains essentially very similar to the recently designed course at UMDS. It is systems based, and the essential changes include an increase in the time allocated to special study modules, or SSM's (two and a half days a week), teaching in laboratory, library, and numeracy skills, and a course entitled the practice of medicine. The latter course is essentially a rehash of what is presently known as public health medicine in the clinical

years. This course runs throughout the two years, bringing in much more clinical work in the second year, replacing the introductory clinical firm, which is presently undertaken just after the end of the second year. Hence patient contact increases during the earlier parts of the course.

The most radical changes however, are to clinical teaching. These will be totally systems based, with teaching in the first clinical year divided into thorax (cardiovascular and respiratory), abdomen (gut, renal, and endocrine), head and neck (neurology, ENT, ophthalmology, and psychiatry). These courses will consist of integrated medicine, surgery and pathology, and will still include SSM's. The fourth year will consist of child health, care of the elderly, trauma, locomotion and reproductive and sexual health courses, with the ever-present SSM's. Another major change is the philosophy that the final year should essentially be a shadow house officer year, with final exams consisting of more structured long questions and case studies.

The result of such changes is a course with a reduction in the factual burden placed on students with more emphasis throughout on ethical issues, and communication.

The eventual aim is to give every student on entry to the new college, a CD-ROM containing 120 medical problems which the student will have to be familiar with, in every aspect (medicine, surgery, communications, ethics etc.), by the time they qualify.

Although these courses will begin to run in parallel at both UMDS and King's from the forthcoming academic year, students will not be taught together (at the Guy's site for preclinical years) until 1999, which will coincide with the completion of current building work and refurbishment.

Richard then took over to outline the status of the united clubs and its activities following the merger. Although the UCC itself may cease to exist, since the plan for the administrative structure of GKT has been essentially constructed by the efforts of the UCC, it remains essentially similar to what students will be used to. It will have a GKT sabbatical president and various site officers (vice presidents, social secretary, treasurer, etc.) for the three sites. However there are four other sabbatical posts within King's College London Student Union for sports and societies, finance, welfare, and publications, as well as non sabbatical posts and permanent staff, which in the words of Richard himself, "May help to reduce the busy workload of the president and his committee"!

All competitive sports teams will have to merge to become GKT teams, and will be encouraged for non-competitive teams also. There will however be a

small amount of funding for Saturday clubs that may include Guy's, St. Thomas', and King's separately. The money saved on the funding of these new clubs (by block booking sports venues), will hopefully be pushed into hiring professional coaches for training sessions.

The future plans for GKT are still under discussion, but the president is pressing hard to try and ensure certain facilities befitting of what will be a multifaculty institution are not overlooked. The united clubs would like to see Boland House developed completely into a central student union with various floors for welfare, administration, retail and wine bar facilities, a refurbished "Spit" cafeteria, and a more developed bar/night-club. There is hope to get a bar built in the basement of the Great Dover Street GKT halls, as well as possibly a gym in the site earmarked for further student accommodation development adjacent to these halls. Finally, there is also hope to build an astroturf on Honour Oak Park. There will however, have to be a rationalisation of sports fields. This is an area that needs clarification, since both UMDS and King's grounds are protected sites.

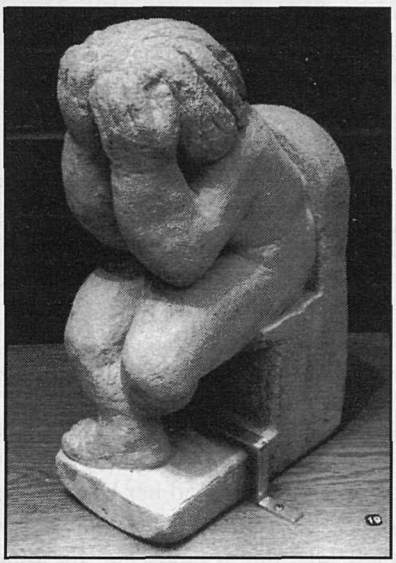
The good will that Richard Clinton extended to the representatives from King's was continued later in the bar, when he heartily encouraged them to partake in some light refreshments, while other UMDS students provided entertainment. The gazette news will continue to try and keep its readers abreast of the many changes surrounding the King's merger.

Jason O'Neale Roach

407 Art Club Summer Exhibition June, 1998.

The loss of Hunts House meant that for the first time in 15 years, the 407 exhibition required an alternative venue to the old studio. Atrium one in Thomas Guy House proved to be an ideal setting. It was light, spacious and accessible and a series of specially commissioned display boards constructed by the helpful Works department allowed the exhibition to be mounted without the customary hire of inadequate stands.

A regular contributor to the exhibitions, William Mann, displayed three pictures which spanned several decades. Characteristic french scenes, "Vence" and "near Bourbon-Lancy", demonstrated yet again Dr. Mann's affection for French life and culture. Modest use of colour and a pleasing sense of composition contrasted with his third picture, a bright still life of fruit, placed across his canvas. Other oil paintings were those of Sascha Dua, a newcomer to the 407 Art Club show. Using Sombre colours she created four pictures of varying degrees of profundity. Whether expressing sadness or frivolity, each portrait had the potential to disturb. They attracted admirers and comment. Unfortunate ly, one appealed so much to a visitor that it was stolen. This was the first time a picture has been taken from a 407 exhibition and is one penalty for choosing a public venue. In the course of the exhibition , a second picture was stolen. The artist took the loss philosophically and claimed to be flattered! We hope to see more of Dr. Dua's work and are optimistic that she will not be dissuaded by the theft of her work. Other new exhibitiors were C. Cameron, who showed a skilfuly executed ink drawing of a fallen tree. Lyn Marsh was another new contributor and her work included a large oil of a male dancer "Spirit of the Kirov"



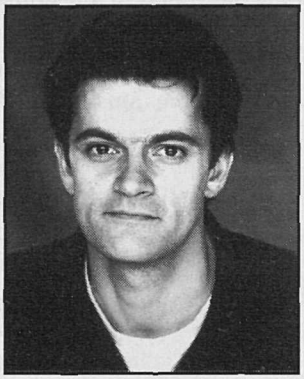
"Sitting Girl" Sculpture by Maurice Lessof.

"LLandaff" Watercolour by Terrence Gibson

and a watercolour of lilies. Two other paintings revealed her ability to draw the human figure and her brave use of colour. Shirley Hodgson showed two small oils, one a landscape the other of roses in a vase. She too was exhibiting for the first time and it was encouraging to see such previously undeclared talent amongst members of the Trust staff. Regulars amongst the exhibition painters were Roy Spector and Terence Gibson. Both regularly exhibited watercolours of local and rural scenes. Roy uses ink and delicate colours to great effect, a style similar to that of the late Hugh Casson. "The Priory, Orpington" and "Lord Street, Southport" were typical examples of his work, now familiar to those who have regularly attended the shows. Dr. Gibson displayed six pictures including two views of the Thames, one at Blackfriars and the other at Wallingford. Scenes in Kent and Wales were additional works, painted in the light hearted vein of an occasional amateur. The watercolours of Margret Dinkeldein were by contrast, painted and mounted by someone who could easily be professional. These relatively large pictures revealed techniques acquired by patience and experience. Two flower subjects, "White azaleas" and "Hydrangea" were amongst her four pictures and these were outstanding. One of the

most talented and prolific artists is Matteo Adinolfi. He showed seven collages which displayed his wit and flare with day to day materials. Suitably rearranged, a magazine photograph can become a real work of art. Cedric Mims' usual contribution over some years has been his well crafted and enigmatic etchings. Admired, yet the cause of puzzlement, four more of his series added something different to the conventional display. Maurice Lessof, having now turned his attention to sculpture from painting, revealed a true gift with his use of some three-dimensional imagery. The head of a black girl "Shoma" was particularly touching. The bust entitled "Nebuchadnezzer" conveyed Old Testament ferocity while "Sitting Girl" was an ambiguous figure of uncertain mood, her generous shape reminiscent of the sculptures of Epstein. Jennifer Williams, who has previously exhibited collage, this time presented examples of her photography. The two pictures were not simple 'out of the camera' views but had been enlarged and realigned to produce wonderful designs. As usual, Jane Gibson displayed a cupboard of her latest pots. The lack of security allowed her to show only a limited number. These classicaly shaped vessels with subtle fire markings are now in the south-east and are sought by collectors and a discerning public.

Patricia James.



Tony Gardner writes on...

The lack of accommodation available to students at Guy's in the 1980's resulted in a peculiar system whereby students could put their name down on a waiting list for a Council Flat.
This I did immediately. I had decided that I could no longer live in Catford with an elderly landlady and her single, permanently-infected lung which would wake me every morning while she fried my breakfast in lard as black as a tinker's nutting bag.
So it was that Farmery and I moved into 4 St John's Estate at the beginning of our third year. It may still be used by students, as these places were often `handed down' to successive generations - all I pray is that my name is not still on the Rent Book.
For historians, it's the one above the Cat and Cucumber Cafe on Tower Bridge Road. When we drive past, my wife and I excitedly point out my old bedroom to Jack, telling him that it's the room where Mummy and Daddy first had carnal relations (well, we will when he's older).
These flats were dotted all around Bermondsey: Arnold Estate, Longridge House, Vauban Estate - all names to remind us of those glorious student days where society could function without a hoover or an iron, where curnes could be made from Weetabix and where bread COULD be eaten when it was over a week old (just scrape off the green bits and toast it.)
However, it is one flat in particular which is the most famous of all: 64 St John's Estate, better known as: Capp's Flat.
This "flat" was occupied by Richard Capp (not his real name) from 1982 until left for (or was deported to) the Americas many years later.
He attended Guy's Hospital as a medical student on an occasional basis between 1981 and 1983 and remains infamous for many, many unprintable deeds. Especially the one with the frozen chipolata.
By no means was he the sole resident. Many others passed through over the years,

notably (for the benefit of the thirty-something readers) Fish, Rytina and Zeehar, but it was Capp who was the Dictator of this foul little Republic.

Yes, we all tried - by God we tried - but none of us could create a flat as filthy, depraved, rank and disgusting as Capp's Flat.

I was first introduced to the flat in my Fresher's year when I gatecrashed Capp's 21st birthday party. Upon entering, I was greeted by the sight of the host wrestling on the floor with an inflatable doll called Rina (his birthday present), and a group of dentists ("The Rats") drilling a hole through the wall of the living room "to see what the next-door neighbours were watching on telly."

It was the first of many visits and, although my last was several years ago, I can still close my eyes and recall (unfortunately) the sights and (most unfortunately) the smells of Capp's Flat.

Entering through the yellow front door and climbing over the pile of mail, one could turn right and pop into the loo, but it was best not to. In the corner was an ominous pile of half torn BMJ's (student edition, the paper's thinner) and you had to stand on the broken seat to reach into the cistern and flush the loo. There was the ubiquitous collection of rude postcards, but even that was no great encouragement as they were -mostly of that statue of the Greek bloke with the huge willy.

"I can still close my eyes and recall (unfortunately) the sights and (most unfortunately) the smells of Capp's Flat. "

Stepping into the lounge/dining room/4th bedroom/cricket pitch, one wondered how anyone managed to find their way around the streets of Bermondsey, such was the collection of Department of Transport ephemera.

If you didn't count the ashtrays, there were three pieces of furniture in there: telly, sofa and fish tank (which, if truth be told, was just another ashtray). The sofa was famous because of the flat rule which decreed that "anyone who slept on the sofa could have anything in the world done to them by the residents - no return ticket" and, to be honest, it's best to leave it at that.

Again, for the sake of decency, it is prudent that I don't go into too much detail about the Capp's bedroom - which I saw only once. This was to give me a private viewing of the CT scan of his brain that he had framed on the wall.

He had been admitted to Guy's for investigation of a possible sub-arachnoid haemorrhage after a particularly intemperate Spirochaete's hockey tour. Exten-

sive investigation discovered that it was just a hangover after all, and they gave him the CT scan as a souvenir.

As you can imagine, the kitchen was awesome. I remember having to constantly shift weight from one foot to the other, because of the very real danger of getting stuck to the lino.

It was in here that many of the legendary 'Drunk Food' recipes were conceived in the early hours of the morning: the Tomato Puree Sandwich, Oxo Soup, Chinese Oxo Soup (Oxo Soup with an egg in it) and, perhaps the most famous of all: The Hottest Curry Ever Made. This dish was so unpalatable that the residents were initially beaten back by the heat and a second attempt had to be made the following evening with lignocaine spray as an adjunct.

There was even a rumour that Capp once cleared out this area and found his younger brother underneath a pile of take-away pizza boxes.

There was no waste bin - just a corner roped off and designated the `refuse area'. There was even a rumour that Capp once cleared out this area and found his younger brother underneath a pile of take-away pizza boxes. This seems a little far-fetched. However, the one about the vegan girlfriend of a flatmate walking into the kitchen to find Capp boiling down dog parts in an attempt to make a mounted dog skeleton is verified.

Capp's Flat is no more. Capp is now a success in computers in America and he gives the impression that he is not the monster he was a decade ago. There are occasional chinks in the armour though. For instance, when he broke his leg skiing and needed the pins and plate removed, he saved money by getting a Vet to take them out. Plus ca change...

Tony Gardner

Cup Madness

How marvellous to see Christine (nee Lawrie) Willimas' picture of the St Thomas' cannon in the August issue of the Gazette. The cannon. was captured from Tommies on the field at Old Deer Park, in Richmond, during the 1961 Hospitals Cup Final. They (St Thomas') had arrogantly paraded the cannon, their mascot, in front of the Guy's students, until a reckless soul threw a brick through the windscreen of the lorry on which it was being carried. All hell broke loose resulting in some serious fisticuffs, but Guy's triumphed and a brave but foolish individual drove the lorry, at high speed, complete with cannon, back to the Park. Hastily it was chained to one of the great plane trees outside Hunt's House and its wheels were embedded in cement. In a short time a police car arrived and the unfortunate driver of the lorry was apprehended. The assembled crowd in the Park did their utmost to prevent the departure of the police car but finally, to appreciative cheers, he was taken away. Sadly, the police enquiries established that he had neither a valid licence nor complete control of his legs.

I, too, was saddened to read of the death of Derek Biggs in the February issue of the Gazette. It brought back so clearly the memories of him scoring the winning try at Old Deer Park against St Thomas' in the match, and the aftermath to which your writer alludes. Derek was the consummate wing three-quarter, fast, skilful and fearless. He embodied the spirit of Guy's rugby in those halcyon days, giving his all on and off the field. His obituarist (EJNC) must surely be the fabulous Eddie Chater. He

was, as the jargon had it in those days, 'a player'. I see him in my mind's eye standing on the steps of the collonade, immaculate in a dark pin-stripe, complete with a red carnation, a huge St Bernard at his feet. I was amused at his detached account of the 'shameful' post cup final events for it was he who masterminded the 'rag' that accompanied the match. I thought a short account of those events might interest some of your readers. A huge operation was mounted several weeks beforehand. In the old Dental School hundreds of paper bags were filled with dental plaster, the size and optimal weight for maximum throwing distance and effect having been carefully researched. Alongside these arrangements the traders in the Borough Market, most of whom Eddie Chater seemed to know, collected and stored their rotten vegetables and fruit in smelly dustbins. A fleet of lorries from the market was organised. The most sinister of all the secret preparations was the mixing of huge vats of gentian violet, a deep purple dye that stains the skin - for weeks.

"...hundreds of paper bags were filled with dental plaster, the size and optimal weight for maximum throwing distance..."

On the eve of the final, a group of Guy's students from the mountaineering club went over to St Thomas' and climbed the tower. On it they stuck a flag on which was emblazoned: 'Guy's for the cup'. This was placed by David Siggers who, before his untimely death, became a brilliant geneticist. It was one of a series of sound psychological blows from which Tommies never recovered. During the earlier part of the day a large river boat had been rented. Filled with students it motored up the Thames to St Thomas' and when it drew opposite, the occupants of the boat held up a series of large, lettered cards which read 'Balls to Tommies' The message and sentiments were unambiguous but just for good measure as the boat turned round, the Houses of Parliament were given a show. On the day of the final the lorries and low loaders were stretched up the length of St Thomas' street, crammed with dustbins full of rotting cabbages, tomatoes, brussels sprouts, oranges and anything that would serve as unpleasant missiles. The plaster bags were loaded and then the gentian violet and Stirrup pumps, a legacy from the wartime fire-fighting equipment of the hospital, were loaded on and tried out. The foul-smelling, raucous caravan left for Richmond. As I recall, and some of the memories are hazy, we arrived at the ground before the opposition and set the lorries in a semi-circle at the far end of the pitch, just behind the goal posts. The consultants

and cognoscenti were in place in the stand to our right. Large numbers of students, dressed in an amazing assortment of clothing, manned the lorries. Others formed a human barrier between the vehicles. It was like a Western film where the settlers were preparing for an attack by the Red Indians. The Major, as he was known, an ex-(and ungrateful) patient, marched in slow time, regaled in full Highland dress, playing the pipes, and down our lines. The bagpipes seemed appropriate and scared the life out of the opposition. We waited for St Thomas'. Soon their lorries started to drive past, delivering a broadside of plaster and vegetables. This was retumed with interest on each occasion. The distance between the lines became less with each attack until we used the secret weapon - Gentian Violet. In overall charge of Gentian Violet was a great chap, now an internationally respected cardiac surgeon. When he gave the order, several stirrup pumps started squirting the purple liquid at the Tommies' students. This was followed by a dousing with dental plaster. Their final attack was horrific. The purple hoard boarded our lorries and hand to hand fighting started. It was during this that I witnessed an astonishingly brave act. One Tommies' student, seeing that his side were being badly mauled by the Gentian Violet, clambered up the side of the lorry in which a huge tub of the liquid was standing. He clawed at the rim of the tub which tipped up and over, spilling its contents all over him. I can still see the poor purple wretch running away. The match won, we repaired to the bar and then to the lorries for the journey back. Unfortunately our spirits were still high and to the eternal shame of those involved, passers-by and the general public were pelted and squirted with what remained on the lorries. There was no excuse for this irresponsible behaviour and after about a mile travelled, the police stopped and apprehended the convoy. The only building which could accommodate the arrested mob (circa 100) was the gymnasium at the police station in Putney. This is where we found ourselves listening to the charges read out by a policewoman. She and her colleagues were very decent about the whole thing and collapsed with laughter when a vaulting horse containing two prospective escapees moved towards the door. Several

"Unfortunately our spirits were still high and to the eternal shame of those involved, passers by and the general public, were pelted and squirted with what remained on the lorries."

students had climbed up the ropes and wallbars; some had wrapped themselves in the coconut mats to avoid discovery, but eventually we had to submit to formal identification after which the rabble was allowed to leave (on pain of death) to return quietly to the hospital. The rest is now history. A monumental night followed, inside and outside the old Miller of Mansfield, then run by Reggie Brake, which was then situated on the corner of Snowsfields, opposite the present establishment. The Major played his bagpipes all evening and we marched behind him singing 'Guy's patients never die' over and again, up and down Great Maze Pond. The next morning was ruined further by attendance at Balham Magistrates Court where they put us, twenty at a time, in the dock, on the charge of disorderly behaviour. If the early morning was not bad enough we all had to pay a fine of thirty shillings. Before appearing before the Beak, they kept the accused below in the cells, a dreary place at the best of times, but I remember the final flourish. A large drawing of the arms of Thomas Guy had been executed on one of the whitewashed walls. The motto read: 'Dare quam accipere plaster' I'm sure that some do-gooder, spoil-sport or political correctionist will take exception to this account of hooliganism but it happened and at the time it was supreme. On reflection, and with the passing of the years it seems impossible to believe, just as the prospect of our hospital being broken up by a bunch of mealy-mouthed politicians. They wouldn't have stood a chance in those days.

David Rhodes

Welcome Freshers!

May I extend my warm congratulations to the new recruits reading these pages for the first time! You are a very special group of individuals. Selected from over 5000 students, you 200 student doctors, and 140 student dentists represent a group of the top few percent in the country who achieve the highest grades in the UK's gold standard examinations. But each of you had something more to offer apart from academic excellence. You had other qualities that the medical school deemed befitting for a doctor to possess. Now you also form part of a pool of an immense range of talents, which will enhance and complement those already existing at our medical and dental schools. Hence the new medical and dental students not only at GKT, but all over the country, have joined at the beginning of the road of lifelong training. Perhaps many of them do not realise quite how lucky they are. As such privileged students, it is your duty to respect the place you beat another 25 people or more for, and make sure that you get through your first year as smoothly as possible.

You join at a time of change, which has the potential to push this new institution to new heights, far beyond those any of its constituents alone could have achieved. There is a lot to look forward to. So as you make your way through fresher's week, I leave you with my own personal top ten pointers, on how to survive the first year.

* Make sure you clearly display your ID card at all times.
* Produce a card with your name, address, and hobbies listed. This will give you more time to recover from the previous evenings' revelry in tutorials.
* Three of life's little building blocks - caffeine, chocolate, and The Simpsons.
* Listen to everything a second year says - after all, simple logic tells you that you only need to do one week's revision before June to pass comfortably.
* The best place to try and change up £10 or £20 notes is in the "Spit" cafeteria.
* Befriend someone who can cook.
* Never bother to check your balance at the automatic teller as you'll only get depressed, and hey, what are overdrafts for?
* Make sure you buy every book that is recommended to you when you begin a new lecture course - otherwise you'll fail your 1st MB, won't you?
* Beware of twenty something "freshers" who only seem to be around at hops.
* Don't publicly do anything good, bad, or have a birthday (you'll understand soon enough).

Jason O'Neale Roach

Anaesthetics Case Report

Anaesthetics case study on an interesting case observed during our anaesthetics placement.

During the first surgical firm we undertook a two week placement in anaesthetics and part of their warped way of checking we have attended is by making us write an account of an interesting case that we have observed during our allotted time. A little pointless some might think but certainly not me!

I was fortunate to encounter a scenario that few anaesthetists recount to their colleagues and certainly pray they never perform in front of very eager and green medical students. The patient was unremarkable in history and was not under going an unusual operation. However the complications that arose made her case stand a little to one side of that of conformity. Picture the scene. A quarter past eight on a Thursday morning standing in the anaesthetic room of one of the St. Thomas' theatres. A bead of sweat formed on the anaesthetists brow as he fought with the packaging of the epidural container. Everyone looked on nervously as he lay out all the instruments and looked up at the patient with a nervous smile on his face. Whispers echoed round the cramped room as he slapped alcohol all over the patients back in an attempt to make the surface sterile. He knew the importance of sterility, after all it had kept the child support agency off his back on many occasions. He took the vicious epidural needle in his right hand and probed with his spare hand at the patients back searching for the right gap. It was all a matter of anatomy. All he had to do was find the gap between the spinous processes of two vertebrae, introduce the needle, pass it through the ligamentun flavum and be careful to avoid the subarachnoid space. Easy, even a St. Mary's graduate could manage a simple manual task like that, couldn't they?

"Whispers echoed round the cramped room as he slapped alcohol all over the patients back in an attempt to make the surface sterile."

'Why an epidural?' a meek voice somewhere over near the pulse-oximeter asked.

It was obvious that there were no clear indications for an epidural and that although relative indications such as, an alternative to a general anaesthetic, that they could be supplemented by GA and that they offered relief to patients with unremitting pain raced through my mind. Before I could even offer my insight the anaesthetist was explaining that he had recently done a stint on the Obstetrics ward and had got into a routine. After all, he added that was the most common use of epidurals. The fact that patients who suffered neurological disease, those with skeletal disease (ie ossification of the spinous ligaments) or those with a tendency to get headaches should avoid epidural techniques was nagging at the back of my somewhat small mind. Epidurals were even more complex than spinals as it depended on the detection of a change of resistance to pressure, not just a sudden gush of CSF, and both the anaesthetist and I knew it. And although he was using a thick needle so that the change in pressure could easily be appreciated it only added to the obvious tension distilling in the pressure cooker that was the anaesthetic room. Ninety nine times out of one hundred the process would have happened just like in the book.....

The wide bore needle would allow catheters to be passed through their lumen into the epidural space so that anaesthesia may begin. After a few precautional measures with a small dose of local anaesthetic to check that inadvertent dry subarachnoid puncture had not occurred. Next a larger amount of local anaesthetic (usually Bupivacaine 0.25%) is introduced into the epidural space. The extent of analgesia that occurs depends upon the posture of the patient but most importantly on the amount of anaesthetic that is used. I recalled that more anaesthetic could always be added, which provided a little comfort. I remembered from my text book that the lumbar approach the anaesthetist was attempting was the most common. The only other approach I could think of was the caudal, wacking the needle between the sacrum and the sacral cornua. It differed in no way to other approaches during analgesia. Anyway taking you back to that cold November morning in the anaesthetics room at St. Thomas's. The first time I was to witness an epidural didn't happen just as it does in the text book. The anaesthetist traced the spinous processes looking for the gap between the vertebrae. Taking the wide bore needle to the patients naked form he pierced the skin and pushed towards the ligamentum flavum. The sound of tearing flesh made everyone grimace a little as the needle pushed further and further in. The anaesthetist was having difficulty and tried several different inter-vertebral spaces each time getting more impatient. Like a school boy, the more he sought a hole and failed the more frustrated he got. I turned away for a few minutes, as the

longer he scratched around the more disgruntled his gaze became and that tore through me like Chlamydia through Essex. A fearsome cry rang out as the anaesthetist realised that he had just managed to pierce the dural sac and as everyone looked at their toes the anaesthetist was deciding to treat this as a spinal analgesia. This meant he couldn't use as much local anaesthetic and that the cryptic crossword wasn't going to get done before elevenses as he was going to have to monitor this patient more closely than he had anticipated. Damn, he thought. This meant Briggs in theatre nine was going to finish the crossword before him and he was going to have to buy the beers and lunch after golf today. They might laugh at him for being tight fisted, but losing money that way really upset him. The patient went through the operation pretty mundanely despite the gaping hole in her dural sac and the anaesthetist managed to get all the crossword done except 10 across and 3 down. They were definately both anagrams but the answer had eluded him. He had given up and decided to torment the medical student who's fault the dural tap was anyway.

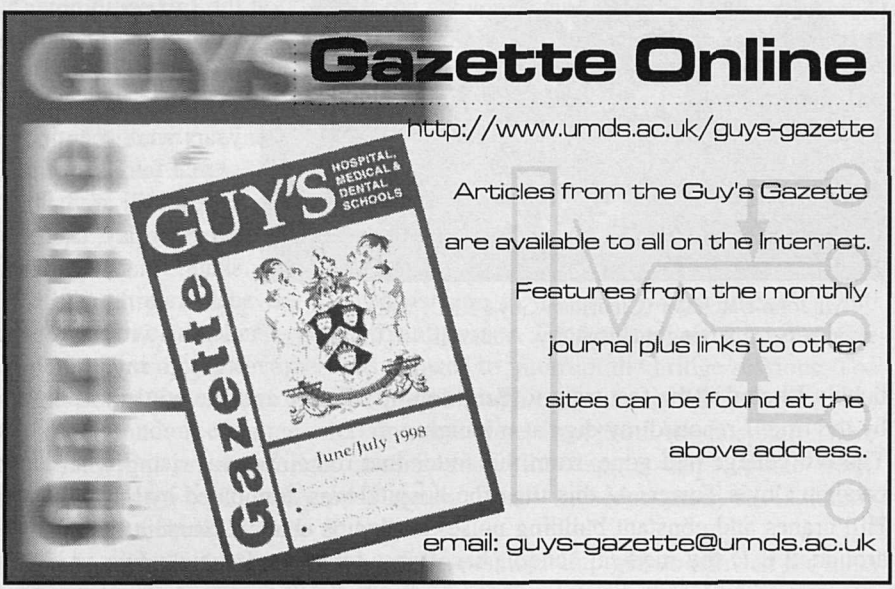
"...the anaesthetist skulked out with his tail firmly between his legs."

The operation eventually ended and the patient was escorted round to recovery. The team slipped away from the theatre. The surgeons happy with the operation and the anaesthetist skulking out with his tail firmly between his legs. Cursing under his breath as he headed towards the changing rooms. The following day was another fresh November morning and as I headed towards the ward, I could see the anaesthetist eating a large portion of humble pie. The patient who was in bed in a dark room with his eyes shut couldn't have been less interested. His head was aching. It was a relentless pain that was as persistent as it was crippling. Nothing seemed to relieve it. How the hell was he supposed to cope!

The anaesthetist drew off some of the patients blood, preparing to do a blood patch to compensate for the dural tap he had performed only a day earlier. He hadn't wanted to leave the catheter in, just in case an over zealous nurse pumped the patient full of drugs on the ward. He had lost a patient like that back in Sidcup in '83. God that was awful he thought as the memories came flooding back and his eyes began to well with tears. He had loved sweet old Elsie Jones and short of her thick facial hair and her dreadful incontinence she had been a perfect woman. Why had she been so cruelly ripped from his arms. Life was cruel. The syringe filled slowly with blood and eventually the anaesthetist had

enough to perform the blood patch he so desired. The idea was a simple one. Draw off some of the patients own blood and simply put it through the catheter. It therefore plugged the hole in the dural sac stopping the leak of CSF and miraculously lifting the pain. It had endeared him to many disgruntled patients that he had "tapped" in the past. He slowly but surely injected the blood into the catheter and just like predicted the pain in the patients head lifted like the skirt of a cheap floosy in the Moulin Rouge. Thank God the drama was over the anaesthetist thought as he flung open the door of The Florence Nightingale. After a hard days work he had just made last orders in the pub.....for lunch!

Richard Clinton



Thirty year's on: a recollection

I first walked through the colonnade in September 1964, forty years after my father had entered Guy's. The cloistered life of school had hardly prepared me for university life. Without the prescribed regime of study it was some time before self discipline took over. The Medical School was much as it is today and our treadmill for two years. Profs Warwick and Joseph opened our eyes to anatomy. Prof Hunt, with twitching frogs' legs recorded on smoked drums, unravelled the mysteries of physiology; if we swallowed Ryle's tubes for his gastric studies we earned a free breakfast. Biochemistry was and still is a closed book. I continue to have cyclical nightmares of Kreb and uric acid. Glimpses of doctors and patients across the park seemed like a mirage as some of us re-sat 2nd MB in the second summer. There were no halls of residence in those days. My first two years were spent living with a family in the Forest Hill area - fish every Friday, usually skate. I had wanted to celebrate my 2nd MB success with my hosts, but with my bottle of bubbly I boarded the fast train to Brighton by mistake and the bottle was empty by the time I reached my digs at midnight.

Mr John Batchelor (Chairman Guy's RFC) with some members recharging their battery. Author is 4th from left.

The old college had gone; from the crater that remained was rising what would become Guy's Tower. At this time the hospital was dominated by huge Higgs & Hill cranes and constant building noises.... plus ça change! Student life revolved around S.E.1, the medical school, bar, pubs, sports and social clubs. Attempts

were made to lure us to U.L.U but to no avail. Hops on a Saturday night were, until alcohol released inhibitions, embarrassingly two-sided affairs. Once the floor had been crossed, friendships were made and often lifelong liaisons established.

By 1967 we were on the wards. Fifty young eager faces look at me from our first clinical appointment team photo. Six girls (one now the dental dean's wife), two African students and forty two male Caucasians - 84%. Now we seem an endangered species! With apprehension we approached our first patients, took wordy histories and stabbed franticly at arms to get blood using glass syringes from colour coded tubes. The patients were so kind and uncomplaining, they helped us through this difficult rite of passage more than we helped them with their illnesses. My first surgical firm was led by Rex Lawrie, confusingly ambidextrous in theatre, and Randy Beard the first of many flamboyant surgeons I have met. In medicine, gentle Prof Trounce helped us to unravel therapeutics. Then we met "The Wick". Why I was on Dr Hardwick's firm twice I don't know. An admin error or more likely an act of God, I suppose. Nevertheless, under his terrifying gaze, through full frame - half moon spectacles, I learned a great deal about medicine and the minutiae of patient examination. His admonitions remain with me; although I did not "Throw the sphygmomanometer out of the window", his entreaty "The good Lord has given you ten digits, for heaven's sake stick one up" continues to surprise some of my patients with ingrowing toenails. John Tomkinson led our adventures in O and G. I still wear the firm tie, filched from London University wine club. Brighton and Pembury offered us obstetric placements. Prof Keith Simpson's brilliant forensic lectures and P.M.S were well attended as were David Stafford-Clark's psychiatric talks. Charlie Wells enlivened our interest in skin and little Pip Reading was a delightful ENT teacher.

Some other firms, however, allowed us time to linger at liquid lunches at the Miller, Grapes or Anchor well into the afternoon. Food at the Spit was affordable but monotonous and sometimes was allowed to interrupt the bridge sessions. The Guy's bar was the centre of social life although, as we were all living in flats across S.E London, evening entertainments were away from the hospital. There were tranquil days in the park, sitting under the dapple-shaded plane trees. Muttering poetry to a pretty staff nurse, I laid the foundation for a happy marriage and a future Gazette editor.

The oldest rugby club in the world was flourishing. Cup games allowed for raids on opponents. I remember "Balls to Tommies" painted at low water across the

river from 'the enemy'. St Mary's usually won because J.P.R.Williams and other stars were there. In our final year we formed the International Buttocks XV. We would start most games with twelve players and be 10 points down before the front row turned up. Tim Lynch (Ireland), Jim Hill (England) and R.R.Zibigniew Prudo-Chlebosz (U.N.) would then arrive, regurgitate their heavy take-away lunch, join the fray and the game would be won. During one match in March '69 I fractured a tibia, after which I endured three days on Christopher ward. An essential experience for any doctor is to appreciate a patient's difficulty in having any bowel action with the bed raised, while wearing a full length plaster. Unable to travel far I was granted a room in St Christopher's hostel at Guy's for six weeks. Although the plumbing suffered 24 hour borborygmi I was able to catch up on neglected study. We took conjoint in the dignified halls of Queen's Square. Kind ushers took me and my plastered limb up in the lift, kind examiners asked me about fractures, osteoblasts and fat emboli and suddenly I was a doctor.

Mid afternoon at the Anchor during an anaesthetic session

Final MB was still to come and I did my last firm with Guy Blackburn and Hedley Atkins. Sir Hedley was a fine teacher and surgeon. "I'm only any good for anecdotes" he would say in theatre as he delicately dissected out the long thoracic nerve of Bell. He lived at Downe House, Darwin's home and would take students there. After finals and before leaving London I did a locum on his Breast Unit. When I applied for my first proper job as a house surgeon in Hereford, I thought it would impress to have a reference from the great man - he was then President of the Royal College of Surgeons. "This young man" he wrote "will make a splendid house physician". Damned by faint praise I got the job and a happy future in general practice lay ahead.

Robert Scholefield

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The days of your life

A guide for new Guys men and women.

You've been told it before and you'll be told it many times over the next five or six years, "Well done, you've got to Medical/Dental school." It is true, without a shred of bias, that you are going to be part of the finest medical school in the country with a reputation of excellence around the globe. It is also true that you have started at a college steeped in history and tradition, and with the merger with Kings just over two months old, you will have the chance to mould and shape Guys within the new GKT.

It is important, therefore, that you should be educated in a few of the Guys ways, both good (lots) and bad (not so many)!

It is difficult deciding where to start, the new building opposite the medical school is going to be a new teaching and research facility costing in the region of £60 million. It will house the new school library (which is a shame as I have great fondness for the Wills library with its long tables and cabinets lining the walls. Strangely, people manage to get some work done here despite the constant chatter of freshers who think end of term exams are important. Beware final years, the furrowed heads and sweating brows give this lot away, as they will generally tell you to shut up and become abusive to you if you don't! It will hold the new larger lecture theatres (required as the new intake of GKT will be in the region of 350) and plenty of new labs and work areas all brand spanking new, so don't blow them up.

One thing that isn't moving though is the Gordon Museum, it can be found in the medical school building and houses one, if not the, largest collection of pathological specimens in Europe. It currently has a large collection of computers and other technological wizardry and plenty of room for students who want to work somewhere quieter than the library. Not surprisingly this becomes more prevalent during exam time. Joe, Bill and the rest of the team will be on hand if you need anything, even just a social chat.

The Spit. Ahh the Spit. What a wonderful place this canteen can be. With friendly staff !! and good food !! A good way to be popular with the staff is to ask for change from a £20 note in 50p's! It is called the Spit as the room used to be the old Tuberculosis ward when Guys was just the buildings around the quad. Since the Spit was closed all Easter for "decoration" it now resembles a prison

visiting room. You can' t miss it, it's where everyone is attracted, like moths around lights, at lunchtime. It's also good at exam time if you want to revise yet be disturbed by everyone else, drink coffee, eat McDonalds and actually do no work at all!

Guys bar is in the basement of Boland House underneath McDonalds. It is, as with most universities, the social hive of the campus. Open from 5pm, it serves a selection of refreshing beverages, soft drinks (if that's what you like) and snacks. Many of the modern characters of Guy's hang around here after a hard day's work on the wards or clinics (including the Editor and Assistant of this fine publication). If you want to be co-opted into many of the sports that take place on a Saturday, make sure you're 'down the bar' on a Friday night when most of the finalisation of teams is carried out. I think my personal favourite drunken conversation goes like this:

" Will, I'm short for tomorrow." Slurred. "What are you playing, where and when?" Slurred. "Mixed Lacrosse, at Motspur Park, 11:00 meet at Waterloo" Slurred. "Er, OK then" Perplexed. Beware these conversations, as after a good (or bad) night you will be phoned by about four irate captains asking where you are and something about a small quantity of Gin. The bar is a dark, smelly basement but it's got character and warmness (particularly a Friday night with about 500 people in it) cheap beer (well cheaper than London pubs) and that's why everyone likes it.

"The bar is a dark, smelly basement but it's got character and warmness..."

Well that's about it really, most of the important information will be in your freshers packs. One thing to remember and think about when training at Guys is our motto; 'Dare quam accipere' - It is better to give than receive.

Good Luck.

Will Topping

'Thomas Guy's world' by John Rawlinson, Sept. 98

There was a day when
as an eager and frightened youth,
newly come to the Borough,
I stepped through wrought-iron gates
and around a statue
of a small and kindly man
who bade me enter into his world.

Heartened, I strode with purpose
along a bright and cool colonnade
and down into a world-within-a-world,
of park and balcony,
ramp and stairway,
polished brass and marble bust,
where the focus was clear and sharp
upon one thing.

And so began the years
of treading trolleyed corridors,
and roaming tunnels
of clacking vinyl and stone,
through swinging doors
where all was antiseptic and ether,
night-gowned and lace-capped.

This was his world,
where the certainty and strength
of sound limb and quiet breath
had vanished
in the whimper
of sickness;
a place for the curable
and, still, for the incurable.

The focus was sharp
upon the likes of all of us
in his world-within-a-world
that held me
for ever.

Nagorno Karabakh

INTRODUCTION

I recently joined a group travelling with the charity Christian Solidarity Worldwide to Nagorno Karabakh to assist in the reconstruction of the country by providing humanitarian aid in the form of dental support. The group was varied and included two peers, four barristers, two physiotherapists, an ophthalmist and two representatives from the Armed Forces with an interest in military ethics.

Nagorno Karabakh is an enclave of about 4,000 km2 within the former Soviet republic of Azerbaijan. It is populated mainly by Armenians for whom Nagorno Karabakh is the historic Armenian land of Artsakh.

Nagorno Karabakh is at present an area of ongoing conflict. The downward spiral to this began in 1985 with a renewed campaign for the return of Nagorno Karabakh from the control of Azerbaijan. Clashes between Azeri and Armenian villagers in the enclave in 1987, heightened tensions and in 1988, dozens of

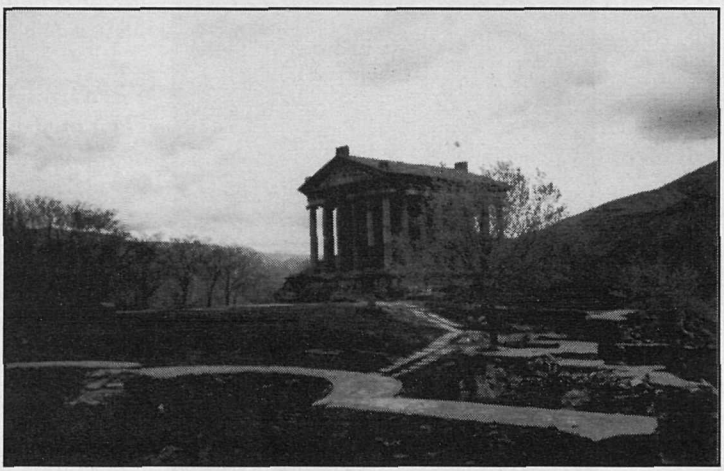
Armenians were massacred in the Azeri city of Sumgait, starting a series of bloody inter-ethnic clashes and large scale population displacements. In 1991 Azerbaijan began a series of systematic deportations of entire Armenian villages, known as "Operation Ring", the villages being re-inhabited by Azeri families. On 10th December 1991, Nagorno Karabakh held an independence referendum in which 82% of voters participated and 99% voted for independence from Azerbaijan. This prompted Azerbaijan to attempt to impose a "military solution". President Aliyev of Azerbaijan was reported as saying, "the only solution to the Karabakh problem is the elimination of all Armenians from Karabakh". Andrei Sakharov, Nobel Peace Prizewinner, wrote in November 1989 "For Azerbaijan the issue of Karabakh is a matter of ambition, for the Armenians of Karabakh, it is a matter of life and death".
Following a series of military defeats and successes, a cease-fire was brokered in 1994 which has been holding since then, with sporadic sniper attacks and cross-border raids by Azeri forces into Nagorno Karabakh.
Nagorno Karabakh remains a "no go" area for most politicians and aid organizations as it has yet to be recognised as an independent republic. The mandate of Christian Solidarity Worldwide is to act as advocates for those suffering from violations of human rights, particularly those that are relatively isolated from other aid and advocacy organizations, to provide humanitarian assistance and to show solidarity with victims of oppression. This organization has been active in Nagorno Karabakh since 1991.

ITINERARY AND MAIN FINDINGS

I visited the Stomatologie Clinic in Stepanekert, the capital of Nagorno Karabakh. This is the main, government run clinic, serving a population of approximately 150,000 across the whole country. A further clinic in Stepanekert has been fully equipped by an American aid organization and continues to be supplied with American aid to provide dental care to children under 16 years of age. Two local dentists work here. The clinic is in a two level building. Framed polythene sheeting protects all windows, any glass having been blown out during the bombardment of Stepanekert in the early 1990s. There are three surgeries in the building, each with two dental units. There were sinks located in each surgery. However, not all the surgeries had running water and buckets were used with a bar of soap and a towel for hand cleaning.
Eight dentists work in the clinic and see approximately 450 patients per week. Two are oral surgeons, who undertake mainly extractions, and six are general

dentists. All completed their basic dental training in Yerevan, Armenia. There is a laboratory with four technicians.

The equipment within the clinic is old and of Soviet design and manufacture. There are two dental chairs in each surgery. Patients are treated in the upright position. There is one handpiece for each unit, which is motor driven via a pulley system. One of the units (for the whole building) had a single speed turbine handpiece, which we saw used to gain endodontic access. This involved moving patients between the dental units during a procedure, as the dentists shared the access to this unit. No aspiration or 3-in-1 delivery systems nor



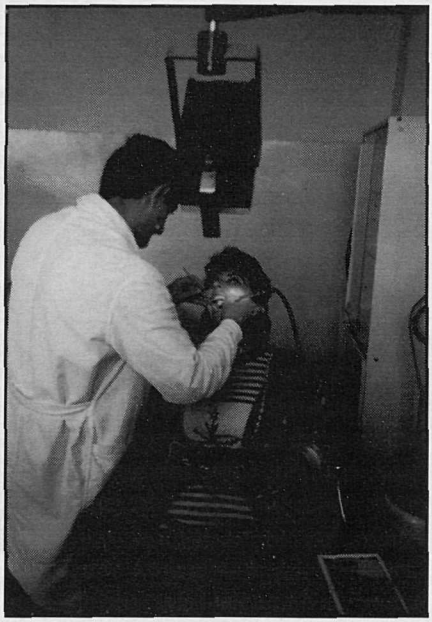
water coolant during operative procedures was available. Cavity toilet was achieved by washing using water in a syringe and allowing the patient to spit into a metal spittoon. This was covered with a metal lid and did not drain away but was collected and rinsed by nursing staff. The spittoon was also used to deposit waste material from the procedure.

The clinic used a system of central sterilization. Instruments are brought here in enameled or steel kidney dishes by the nurses, cleaned in water and then boiled in large open enamel bowls on an electric plate for 3 minutes before transfer to a hot air oven.

The laboratory has no furnace or casting machine. Plaster models are poured up

here and there are lathes for acrylic polishing. A hand operated hydraulic compression machine is used to adapt preformed base-metal crown forms to dies.

Materials are in short supply. Local anaesthetic is not available for routine procedures and not always available for extractions. Pulpal extirpation was completed after a dressing of SPAD had been applied to devitalize the tissue. The lack and age of the equipment and the limited supplies of materials



available in the clinic, limit treatment availability. Basic extractions are carried out rapidly with considerable skill and a great deal of surgical aplomb. A limited range of conservative dentistry, endodontics, prosthetics and periodontal treatment was provided. Denture work was limited to simple acrylic dentures as no casting equipment is available for cobalt chrome manufacture. No crown and bridge casting was available but preformed crown shapes were adapted on dies with a hydraulic pressing machine. Oral hygiene aids are severely limited in Nagorno Karabakh. A toothbrush typically costs about 500 Dramas. By

comparison, a loaf of bread costs 120 Dramas but the monthly salary for the dentists is 7-8000 Dramas. Periodontal treatment consists mainly of local infiltrations of ascorbic acid (vitamin C) in combination with lincomycin, aloe fluicidin and novocaine, into the affected gingival tissues, quadrant by quadrant at daily intervals for approximately 5 days. However the Russian / Armenian view of medicine appears to be to use vitamin C injections to cure a wide variety of complaints and conditions. Patients will self-administer high doses of vitamin C to treat common complaints.

I brought some dental aid to Nagorno Karabakh consisting of toothbrushes, toothpaste and floss, 2 amalgamators, glass ionomer restorative material, light-cured composite luting cement, dental gloves, and many books and journals and leaflets on dental matters.

CONCLUSIONS

I was made to feel very welcome by all of the people of Karabakh. The dental staff gave the impression of being very professional in trying to do their best for all their patients. However they were frustrated by not being able to do as much as they would like due to a lack of facilities, equipment and materials. The cost of brushes and toothpaste against the need for the more basic requirements for survival means that few in Nagorno Karabakh possess the means to achieve good oral hygiene. There appears to be little or no dental health screening or education programme in the country. Such a programme would be invaluable in promoting good oral health but this is low on the government's list of priorities. In the clinic, treatment is of a higher priority than prevention of disease. The expense of oral hygiene aids and availability of sweets in Stepanekert exacerbate this situation. The majority of people in Stepanekert receive water from one dental supply, but this is not fluoridated. Access to dental treatment is a problem with a lack of dental facilities in Nagorno Karabakh, particularly beyond Stepanekert. However my experiences showed that this was true of general health care with most villages not having a health centre.

One cannot visit Karabakh without returning encouraged and inspired by the spirit of the people of Karabakh and of Armenia. Despite many hardships, exacerbated by the blockade still being maintained by Turkey and Azerbaijan, they are working resolutely and effectively to try to achieve normalization of all aspects of life as rapidly as possible. Buildings and infrastructure are being rebuilt with impressive speed and quality. Everyone who participated in this visit returned inspired, humbled and enriched in ways which only those who

have visited Karabakh can truly understand.

ACKNOWLEDGEMENTS

*I would like to thank: * All those who made the trip to Nagorno Karabakh possible, in particular The Baroness Cox, CSW President, and Joanna Chellapermal, CSW projects co-ordinator. * All in Nagorno Karabakh who established our itinerary and provided hospitality with such generosity and warmth. * Vladimir Gregorian, principal dentist at the Stomatologie Clinic, Stepanekert and all the staff of the clinic for making me so welcome. * The translators: Irina, Artemis, and Annoush. * Supporters and sponsors from the U.K.; in particular: * Abbeydale Gloves * BDA Information Centre * BUPA DentalCover * Boots The Chemist * Regent Medical UK * Rotadent Ltd. * Schulke & Mayr UK Ltd. * SmithKline Beecham Consumer Helathcare * Stafford Miller * Tricodent Ltd. * The Wrigley Company * W & H (UK) Ltd.*

Michael Thomas

This report is being reprinted in this issue of the Gazette following an Editorial error in which the authors name was omitted in the August issue. Apologies to Michael Thomas!

Pain And Anxiety Control For The Conscious Dental Patient

John G Meecham
Nigel D Robb
Robin A Seymour

Oxford University Press 1998
373 pages

This new textbook by three distinguished authors provides a comprehensive account of the use of local analgesia (LA) and conscious sedation techniques for the management of pain and anxiety associated with dental treatment. Although very little new information is presented, the publishing of this book represents an important development because there is currently no other British textbook which meets the needs of undergraduate and postgraduate students. The book is divided into twenty two chapters covering relevant basic sciences, clinical techniques and medico-legal aspects. Chapters 1-12 discuss local analgesia (including alternative) techniques, the management of failed LA, contraindications, and complications and non-pharmacological methods of pain control (for example, hypnosis and acupuncture). The remaining chapters cover indications for the use of conscious sedation, patient assessment and treatment planning followed by detailed discussions of intravenous, inhalational and oral sedation, clinical and electromechanical monitoring techniques and the indications for the use of polypharmacy. The book concludes with a useful review of NSAIDS and opiate analgesics. The text is well written with numerous diagrams, tables, (black and white) photographs and helpful recommendations for further reading at the end of each chapter. There are appendices containing a pre-sedation checklist and recommendations on training for the practice of sedation. This book will be of great value to undergraduate and dental students and also dental nurses involved in sedation and/or studying for post-certificate qualifications. It should be regarded as required reading for post-graduate students and practitioners interested in the safe and effective control of pain and anxiety.

David Craig
Associate Specialist
Department of Sedation & Special Care
Dentistry

Margaret Lyle Campbell MBE: RSCN: SRN

Margaret Campbell died suddenly at home on August llth 1998 after a short illness. She was born in Langside, Glasgow, on 14 April 1922 and educated at Hutchesons Girls' School in Glasgow. On leaving school in 1940 she started children's nursing at the Royal Hospital for Sick Children, York Hill, overlooking Clydebank. There are stories that she used to hide the children under their cots during air raids and sometimes gave added protection by lying over them: In 1943 having qualified RCCN she left home in Scotland and entered Guy's for general nursing training. At this time it included working in peripheral hospitals in Kent, which were under the aegis of Guy's during the war. She qualified SRN, as a prizewinner, in 1946 after a somewhat abbreviated course as she married Alan Campbell who, at that time, was a Dental Officer in the Navy. Margaret returned to the Guy's scene when Alan joined the senior staff of the Dental School in 1965. She was made honorary member of the Nurses League and became involved in the Guy's Hospital Ladies Association. She succeeded Pip Salmon as secretary, which entailed organizing the work done by the groups of volunteers. When the Ladies Association amalgamated with the Guild of Ex-Patients to form the Friends of Guy's Hospital in 1973, Margaret worked for the Friends Services Branch, being Chairman for many years and serving on the Executive Committee. She later became Vice-Chairman of the Friends, an appointment she held until her death. In fact, the week before she made a presentation with a delightful speech at a party given for the retiring Chairman. For many years she was a member of various Community Health Councils serving the London Area. Not only did the meetings demand a considerable amount of her time but she also carried out inspections of Homes for the Aged. These appointments ceased on reaching the age of 70 and in the following year, 1993, she was awarded the MBE in recognition of her charitable works. Her interests throughout life were many and varied. Scottish Country Dancing was at one time a great enthusiasm so that in 1963 she was elected the first lady President of the Orpington and District Caledonian Society. She joined a Gaelic Choir with concerts in South London and in the Albert Hall and was on the organizing committee of the "Festival

of Scotland" in London. She loved music, particularly Mozart and Richard Strauss, was an avid reader and a knowledgeable gardener. In later years her membership of the South Hill Wood Bowling Club gave her much pleasure. Margaret had immense energy, was an extremely good organizer both with regard to her devoted family and with her charitable works. All this was done in a gentle self-effacing way, often with an impish sense of humour and the sweetest of smiles. Her innate goodness, kindness and decency inspired a love and affection in all those who were lucky enough to have known her. She is survived by her husband, Alan, her son Neil, her two daughters Gillian and Jane and by her five grandchildren who were treasured in her "Granny's Boasting Book" of photographs.

George Scott

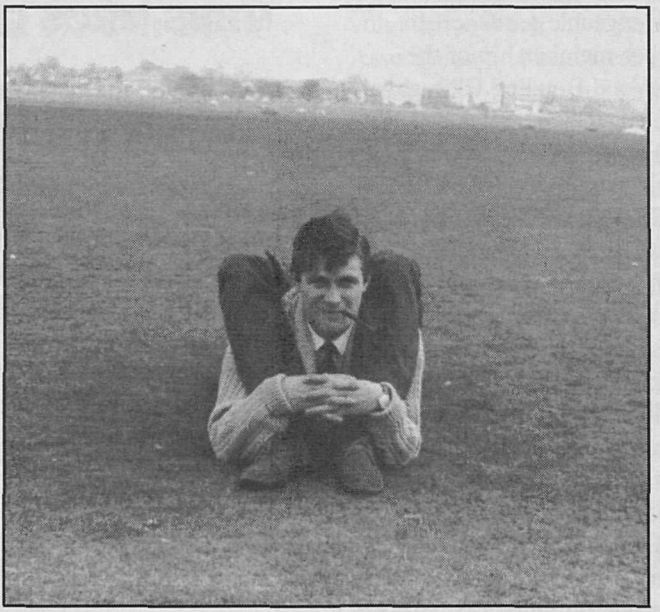
A memorial Service will be held in Guy's Hospital Chapel on Thursday 29th October, 1998 at 12 noon. Donations, if desired, to Friends of Guy's Hospital.

Camac, Dr John Cramsie MBBS MRCS LRCP

Died on the 4th September 1998. He qualified from Guy's in 1951.

Sandie Hackwell

Caption Competition



The Gazette team would like to see if any have a wild imagination and can come up with suitable captions for this month's photo.

Captions and other correspondance on a postcard to:
Guy's Gazette Caption Competition, Boland House,
Guy's Hospital, London, SE1 9RT.

August Winner - Mr. C L Joiner
"One twist and it comes off easily"

Guy's Hospital MEMORABILIA

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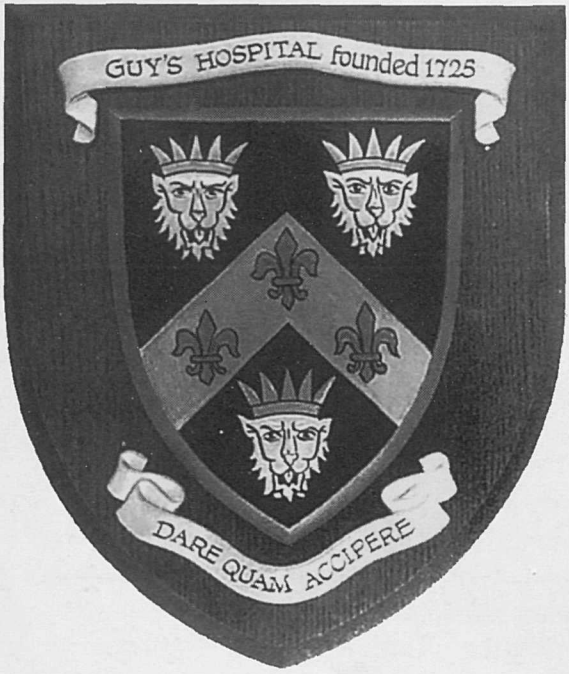

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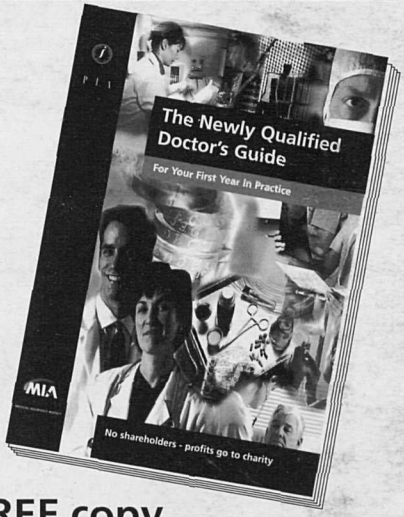

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GUY'S HOSPITAL, MEDICAL & DENTAL SCHOOLS

Gazette

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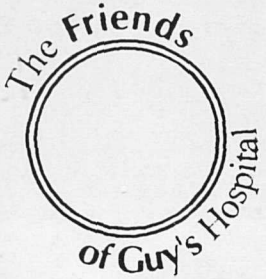
October 1998

- Scandalous Journalism
- Hunt's House
- Tony Gardner writes on . . .



WHO NEEDS FRIENDS? *WE DO!*

Why not become a member of the Friends of Guy's Hospital?
The Friends are a registered Charity,
whose origin dates back to 1895.

The Friends provide amenities and equipment which the hospital is not able to provide and it supports research. The Friends run a shop in the hospital grounds selling flowers and other items as well as a Trolley Shop to the wards. Volunteers who provide this service find it very rewarding. They need and welcome anyone who wishes to join them.

It is easy to join the Friends. You do not need to be an ex-patient, although many of our members are. The minimum subscription is £1.00 a year but EXTRA DONATIONS are greatly appreciated. Cheques and postal orders should be made payable to "The Friends of Guy's Hospital" and should be sent to: The Secretary, The Friends of Guy's Hospital, Guy's Hospital, London, SE1 9RT. (Tel. 0171 407-1058). Contact the Secretary if you require information regarding DEEDS OF COVENANT or LEGACIES.

In recent times we have provided grants for:

- Cubicle curtains for 9 wards in New Guy's House.
- Grant to the Guy's Gazette for upgrading of equipment (for desktop publishing).

(We shall be recording other items we have supported in further editions of the Guy's Gazette, including research projects)

UMDS Guy's
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Wills Library

GUY'S
Gazette

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Passim

Frank Dobson - Doctor Friendly?

I was concerned to read in a recent edition of the Independent on Sunday newspaper that Frank Dobson, the Health Secretary, wishes to introduce a system of repayment of fees if a medical student does not take a job within the NHS.

Mr Dobson says that up to 10 per cent of the 4500 medical graduates each year leave the profession to take up higher paid jobs within the city and alike. The IOS estimates that it costs £200,000 to train a medical student and Mr Dobson feels that some of this money should be repaid to the government.

There are two main arguments here.

1) Money should be repaid due to the extreme cost of training and the country gets nothing in return.

2) A student who takes another degree, like law, who decides to leave to embark on another career will not have to pay any money to the government so why should medical graduates.

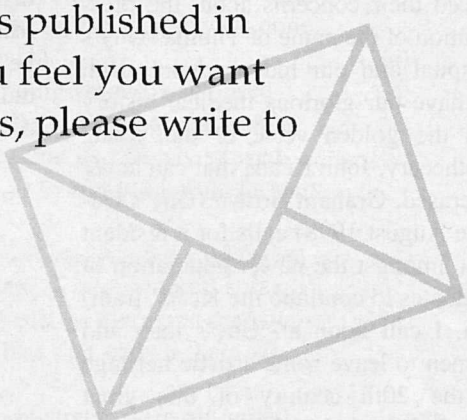
This is a very tricky area. The question we should ask ourselves is this. Why are 450 fully trained Junior Doctors a year deciding that medicine is now not their chosen career? Maybe the threat of long unsociable hours is the main driving factor? Maybe it is the relatively poor pay they receive compared to other professionals like lawyers? Maybe now their vocation that they had isn't as strong as before?

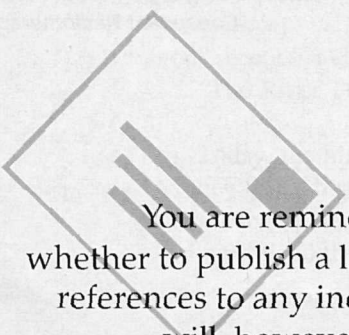
The fact still remains that too many graduates leave the profession at great expense to the country. We cannot do anything about vocation, but we can improve working conditions, hours and pay to try to stop people leaving medicine. I don't think however threatening graduates with repayment of fees is the correct way to stop people leaving.

Will Topping

Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.
You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.





You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Guy's Poetic History of Future?

Dear Madam,

Guy's is going through a time of great change currently - the loss of it's A&E Department in 1999, the closure of many other long established Units and Departments with transfer to the St Thomas' campus, the demolition of Hunt's House and the building of a new Medical School Building of the amalgamated GKT Medical and Dental Schools. Your correspondents have voiced their concerns about the preservation of the name of Thomas Guy's Hospital and our independence. But, we have our glorious medical history and the golden verse of the young apothecary, John Keats, that can never be erased. Graham Brown (Guy's Gazette August 1998) calls for a resident poet amongst the newer generation of graduates to continue the Keats' tradition. I call upon all Guy's men and women to leave some artistic heritage in the 20th century of this great Hospital as the Millennium approaches. I am now getting old, I have a shaky hand to hold up blazing torches and I have no training in literature. You have kindly published some of my less serious verse (aka Tong in Cheek) but I am trying to write a few humble lines of deeper content. I have so little time to practise therefore many of my couplets are composed in my head within the traffic jams of South East London! The enclosed lines were inspired by a glimpse of Greenwich from my car at the top of Maze Hill by the Park en route to an early morning meeting. This may be appropriate as the area will be a focal point for the national millennium celebrations.

So to all Guy's alumni, I call upon you to start your short stories, your novels, your canvasses or, simply, join me to paint with words for our posterity. Surely, one of us can bring a glimmer of light amongst the dust. I ask you, Madam Editor, and your successors to be sympathetic to our humble or amateurish offerings. You may unearth a diamond from the rubble.

Yours faithfully,

David Tong BSc FRCP FRCR
Consultant Radiotherapist

GREENWICH MISTS

I stood atop of Vanbrugh's Hill
And saw London through the early morning haze;
There, a regal mist, so grey and still
Cloaked the majestic vista from prying gaze.

To the side, the verdant slopes of Greenwich Park
Spilled from the Observatory and the gaze of Woolf
Down to Victorian terraces, so tight and dark,
That the silver cloud had now engulfed.

But, distant towers rose, white, above the mists
And shone, proudly, in the April sun.
Even grey architects' dull blocks were kissed
By the friendly rays, as they had always done.

Slowly, the hanging shroud was raised
To reveal the endless, suburban panorama
Of a mighty city that had slowly strayed
From central grandeur to feet of humble farmers.

Here was a surreptitious, Queen's expansion;
A landscape of friendly, architectural sprawl;
From sixties tower blocks to Georgian mansions;
The River Thames had known them all.

Today, the historic streets were all united
As they basked, contented, in the springtime sun;
No fear of planners or yet by traffic blighted -
I saw blood through capital arteries run.

David Tong 1998

Biennial Dinner

Dear Madam

A small but very select group sat down to the Guy's Biennial Dinner at the Connaught Rooms on Friday 2 October. On this occasion there were some extenuating circumstances as to why the attendance was so low but we have to accept that, over the last 10 years, the attendance at the Biennial Dinner has gradually fallen away. I am sure that there are a number of reasons for this which must of course include the fact that all the recent graduates have been UMDS students and, in the future, will be King's College students.

Arrangements for these dinners have to be commenced a good 18 months in advance in order to book the appropriate accommodation. However, before making any plans for the next Biennial Dinner, which should be on Friday 6 October 2000, I would like to hear, from as many people as possible, views as to how these dinners should be organised in the future. In addition to people having suggestions for different venues, different menus, different timing, etc, I would of course also like to hear from those of you who feel that there should be no change made in the arrangements. Only in this way can one get an overall sense of the general feeling for the future. Please let me have your thoughts within the next 6 months or so.

Yours faithfully,

Martin Jourdan
Honorary Secretary
Guy's Hosiptal Biennial Dinner

Forgotten Ban

Dear Madam,

Two years ago, incidents in the rugby club that were reported in the national press, led to a disciplinary committee being formed. Everyone who was present at the time of the incident was interviewed, and it led to the "life long" ban of one of the players. It seems however that this has been forgotten as the player has now been allowed to return. Perhaps the committee would have taken it more seriously had it happened to them, rather than innocent members of the public.

Yours faithfully,

Amanda Grieg

Reunion Venues

Dear Madam,

I am writing to you regarding the Guy's Hospital Biennial dinner, which took place recently.
Sadly, I myself was not able to attend. Though I am reasonally fit and active (class of `45) I find I have little enthusiasm for going up to London for an evening event.
Such reunions for all Guy's Graduates, medical and dental, are an excellent idea, but can I suggest a change in the venue and type of event.
What about a reunion lunch to be held somewhere on the Guy's campus, to use a fashionable American term. This could take place on a Saturday or Sunday and be a fairly informal lunch, perhaps buffet style.
And perhaps, after the meal, we could all have a guided tour, or series of tours around the campus, to see these new buildings that we read about in the Gazette. Or, if desired, the reunion could alternate between a lunch at Guy's and a dinner in the Connaught Rooms.

Yours faithfully,

David J. Chapman

Scandalous Journalism

Dear Madam,

I consider myself quite a broad-minded person, especially when it comes to the freedom of expression of writers. I truly believe everyone has a right to his or her own point of view. However I do not think it is in the interests of an institution as prestigious as King's College London, to allow the publication of the type that surfaced at Guy's Hospital campus a week ago. I refer to the latest edition of the KCL student magazine "Roar".
Of course KCL themselves have no control over this publication, as long as their activities are legal. However I am saddened to think that the editorial team can believe in their wildest dreams that the sort of material published in this last issue is the kind that it's student body would appreciate, find amusing, or enjoying reading on a regular basis. Certainly if this is so, I know of many students who have assured me they want nothing to do with such an institution.
Some of you may be reading this without having had the pleasure of reading such amusing stories such as

that of the "Wap footballer" whom we are informed should be sent home. So for those of you not be familiar with stories happy to state that "England being taken over by bloody foreigners", let me give you but a few examples:

Firstly there is the lead story about the use of KCL toilets by London homosexuals for sex. Having made what was an entirely valid point about a general lack of security, they go on to describe in glorious detail, the various sexual activities which have been occurring, including more than one reference to defecation and urination. Then there is the "Roar Woman" section that fills in every female student on the detailed anatomy of the female sex organs complete with diagrams. Once again I have to reiterate that I find it incredulous that this sort of racist, sexist, and downright vulgar material is acceptable to the editorial team, the student body, or the union itself. If this is what KCL represents, then I for one have severe reservations as to whether I want to associate myself with it.

Jason O'Neale Roach
News Editor

Signs

Dear Madam,

We would like to thank Professor Sir Cyril Chantler for his letter of reply in last month's Gazette, with regards to the new "King's College" sign at the entrance to the medical school at the Guy's campus. We are delighted to see that the offending sign has been painted over. We hope that it will be replaced with the message "Guy's, King's and St. Thomas' Hospitals School of Medicine and Dentistry, Guy's Campus, part of King's College London", as this is closer to that which is enshrined in the Act of Parliament.

Yours faithfully,

Rachel Besser BSc

GUY'S HOSPITAL MEDICAL & DENTAL SCHOOLS

Gazette

EDITORIAL VACANCY 1999

Wanted, student to fill Editorial role on the Guy's Gazette.

Any interested students should contact the current Editor, Nabeela Ahmed, either in writing, by phone or via email.

Any interested students who wish to write/ photograph/ edit/ proof read etc should also contact the current Editor.

Looking Glass Counsellors at the ready!

I think the merger might be affecting people more than even we might have first thought. This morning I stood outside the Harris lecture theatre, while I waited for a first year lecture to finish. I had with me a box of about A4 size, which contained a publication for the attention of our new recruits. I had placed said box carefully on the floor by the side of the door, by which I stood at the entrance of the Harris. So far so good.

As I waited patiently, I noticed a man walk back and forth down the corridor a couple of times, and naturally, being yards away from the medical school reception I thought nothing of it. But suddenly, without warning, this man, reaching the end of his latest purposeful walk down the corridor walked straight up to me. To my greatest suprise, and I must confess mild alarm, he proceeded to pick up my box of magazines, and without a word hurled them down the corridor, loosely aiming at the nearest bin. I wish this story could be false, a cheap ruse perhaps to allow for an intersting tale, but no, this is all absolutely true. At this point, seeing my obvious bemusement, this man informed me that I was not to, under any circumstances, block the entrance to the lecture theatre. He voluntarily went on to explain that the new rules were beyond his control and it was his duty to enforce them. I did question him as to why he could not have merely asked me to move the small box of magazines, but this seemed to wash over him. He was more interested in telling me to make sure that I inform all my colleagues at Natwest of this information, whom I was obviously distributing this magazine on behalf of. When I explained that in fact it was a student magazine, which took some convincing, (after all the whole back page, which was all he had seen had a full page advertisment from the aforementioned bank), he merely repeated that I was to be aware of the rule and that he would assist me in retrieving the magazines "in a minute". I subsequently picked up the magazines and the box, and after apologising profusely for my infringement, which he accepted begrudgingly slunk into the lecture theatre to avoid any further confrontation.

My only inference from the incident is that somewhere along the line our staff are not being looked after. If a long-time member feels the need to hurl a student's property without thought or discussion at a bin, when they are standing not more than a few centimetres from it something must be wrong. Perhaps someone ought to get in touch

with how they are feeling, lest more unsuspecting students fall victim to their wrath.

Jason O'Neale Roach
News Editor

Scanning Technique Helps Doctors Stop Blood Clots

Scientists from King's College School of Medicine in London have made an important development in the way ultrasound technology can be used. They have shown how a special technique can measure the effectiveness of new clotbusting drugs before having to use large scale clinical trials. The technique could also become an alternative to using animals in research of this kind. The study was funded by the British Heart Foundation (BHF). The researchers used a kind of ultrasound, called `transcranial Doppler ultrasonography', to test a new clotbuster drug, called GSNO (S-nitrosoglutathione). GSNO was compared with the standard treatment of aspirin and heparin in a group of 24 patients having an operation to clean a major blood vessel in the neck. It is known that after this operation patients are at high risk of blood clots that can block blood flow to the brain and cause a stroke. Transcranial Doppler allows doctors to electronically `see' the number of blood clots floating free in the bloodstream after the operation, and thus determine those patients most at risk of a stroke. Patients treated with GSNO were found to have significantly lower numbers of clots during a three hour period after the operation. Furthermore, some patients on the standard treatment suffered from clots blocking vessels in the brain (stroke).
Professor Brian Pentecost, Medical Director of the British Heart Foundation, commented, "This is an exciting technological development with implications beyond the type of surgery used in this study. Blood clots are often a risk after other operations, such as certain types of heart surgery. This technique may also allow us to study the effectiveness of new anti-clotting agents in these situations".

British Heart Foundation
Press Office

Looking Glass Photocopying

7p for a photocopy? Why would I pay 7p for a photocopy when the shop down the road will do it for 4p? Because the journals I wish to photocopy cannot be taken out of the library and the library charge is 7 whole pence. You would think that for 7 p you would be getting state of the art technology, however, the photocopiers are, to be polite, old fashioned. As a student I feel that photocopying should be cheaper than in a high street shop, not twice as expensive. To pay 7p, you would expect the librarians to photocopy and bind your papers. I am not sure that I have plucked up the courage to ask them yet. Maybe now we have merged with King's, rather than increasing the cost of our photocopying to bring it in line with theirs, they should decrease the cost of photocopying to 5p. Whoever decided on 7p obviously has no GCSE maths, as clearly no coin currently in circulation from the Bank of England is divisible by seven.

Useful Nurses

The contribution of nurses to the NHS is almost impossible to quantify. The work they do is most certainly paramount to the survival of the NHS. They are the first people a patient sees, the ones with whom they establish the most rapport, and the people they can rely on being there when they need something, whether it seems trivial or life threatening. It is no secret that the job of nurses has been undervalued in society for many years now, and as with any government the need to act comes only when the system finally reaches a crisis point. If we don't recruit more nurses soon, we will suffer huge repercussions in the not too distant future.

At the same time, Doctors occupy a position of great respect in the eyes of society at large, and I think enjoy a level of public appreciation often far beyond that of nurses today. Of course this public appreciation does not extend as far as pay! It is clear that both professions deserve a high level of respect for the work they do everyday, at such high levels of stress and often under momentous pressures in terms of limited time, resources, and all too often sleep!

Both doctors and nurses chose these careers voluntarily, and perhaps have a duty to themselves to know what

they are getting themselves into. However, I got the idea to write this article in light of a conversation I had about two years ago with a fellow student doctor, which has played on my mind ever since. I had harmlessly raised the point that all too often doctors become disillusioned and apathetic about medicine, merely because of the pressures on them. The confident reply was returned that it was a doctor's choice to become apathetic, and they could choose not to if they wanted. Hence disillusionment was a problem of personality as opposed to working conditions etc.

Perhaps it was just me, but I found this view a little harsh. Despite the dire conditions that everyone accepts that health care professionals have to face, their pay scales remain disproportionately low. Whether or not pay is acceptable is an argument for another article, but my question is how is the situation affecting the workforce. How can any doctor feel content after working inhumane lengths of time without sufficient sleep, and still being expected to make life or death decisions after 6 or more years of training, only to look around during overtime to find the cleaners are often earning more than they are?

This piece is not so much about money as fairness, and a question to the government as to what can reasonably be expected of individuals. Of course it remains to be seen what the pledged increase in doctors will mean for future doctors in the health service. Compliance with the European directive of a 48 hour week? Perhaps my ideas are a little too radical. How will those currently in the profession react to a pay cut to support nurse wage increases? Although I am sure no doctor would begrudge a nurse a salary increase, doing it at the expense of their own poor salaries doesn't seem the best way to entice doctors to stay in the profession.

Jason O'Neale Roach
News Editor

Thomas Hodgkin and Hodgkin's Disease - 200 Years on

On Friday 2 October, a conference was held at Guy's Hospital 200 years after Thomas Hodgkin's birth to commemorate many aspects of his life and work. The conference talks included his discovery of the disease that bears his name and reviewed the latest developments in research into the causes of Hodgkin's Disease and its treatment.

Hodgkin's disease is lymphoma, a cancer of the lymph glands, frequently starting in the neck. It is most common in young people and also in those over 50 years. In the past it was a difficult disease to treat because it was so relentless; patients wasted away and died, often within months. It is now one of the success stories in cancer medicine and usually curable but is still a complicated disease to treat.

Among the presentations at the conference were displays of 160-year-old tissue samples of Thomas Hodgkin's original discoveries which have been analysed using modern methods to highlight the cancer cells. International experts also highlighted modern treatment and a modern understanding of Hodgkin's Disease.

Speakers at the conference included Professor Robert Rubens, Professor of Clinical Oncology, Dr Robin Poston, Senior Lecturer in Experimental Pathology and Joseph Daws, Gordon Museum, all from the Guy's, King's and St Thomas' School of Medicine; Amalie Kass, Lecturer in the History of Medicine, Harvard Medical School and Biographer of Thomas Hodgkin; Professor Derek Crowther, Professor of Oncology, University of Manchester; Professor Volker Diehl, University of Cologne, Professor Harold Stein, Freie University of Berlin; Professor Andrew Lister, St Bartholomew's Hospital.

Marking the Merger

Staff, students and friends of the College are invited to apply for tickets to come to a service in Southwark Cathedral and/or a party in the Great Hall at the Strand on 25 November to mark the merger of King's, the Institute of Psychiatry and UMDS. The service starts at 3.30pm and the party at 5.00pm. Tickets will be allocated to various groups, including staff, student members of the College, and former staff or students, using a ballot system if more people apply than there are places available.

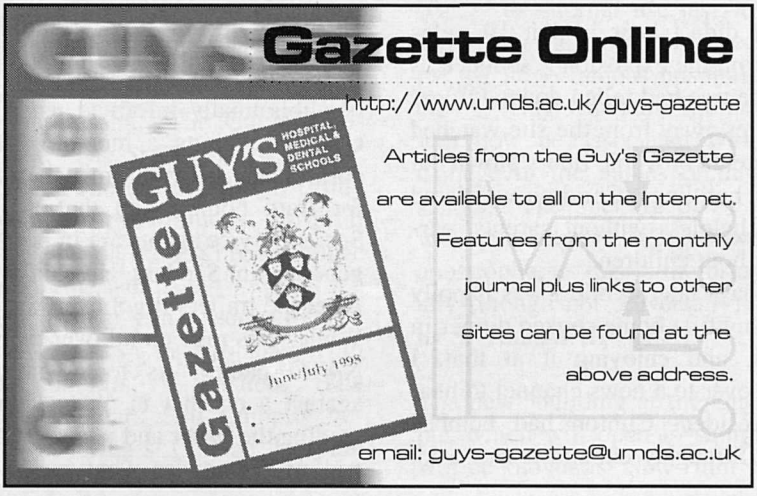
For further information, please contact

the Public Relations Office on tel: 0171 872 3202 or email c.hayward@umds.ac.uk. Please note that transport will be provided between the cathedral and the Strand.

Medical School Building Named

Thomas Hodgkin was born in 1798 and was one of the great medical figures of the 19th Century. He was appointed Curator of the Museum and Demonstrator of Morbid Anatomy at the time of the formation of the Medical School at Guy's Hospital where his great work was performed. He was responsible for the introduction of the systematic arrangement of pathological and anatomical specimens for teaching purposes, visible today in the Gordon Museum at Guy's. He also practised clinical medicine and made several original contributions to investigation and teaching. He played a role in the formation of the University of London and had many interests outside medicine. He devoted much of his life to philanthropic causes such as the relief of suffering in under-developed countries and the freeing of slaves.

To commemorate his contribution to medicine and to medical education, the former Medical School Building at Guy's has just been renamed the Hodgkin Building. Members of the Hodgkin family attended the conference and took part in a photo opportunity outside the newly renamed building.



Valid News?

There I was minding my own business, sipping a delightful cocktail from my 30th floor hotel room, looking out onto the sunset transcending over the Thai skyline. Then it happened - a newsflash on CNN. A bomb had just exploded outside the American Embassy in Kenya. There were an undetermined number of casualties. My initial shock was soon placated though, because naturally CNN was quick to reassure the people of the world that there were no reported American injuries. I turned to BBC World Service to get a more balanced perspective on things, and indeed I did. Terrorist involvement, reports from people inside the embassy, security changes to prevent other embassy attacks.

What I didn't hear is that 10 miles away from the explosion it sounded as if a huge tree had fallen down. Offices five miles away from the site watched the contents of whole floors blown out of their buildings. Children wandered around helpless without parents, parents without children.

A few days later, while I was happily eating my first home cooked dinner in months, and enjoying it at that, I flicked over to a news channel to hear that President Clinton had bombed Sudan. Strangely enough it was a lot harder to find out anything regarding this incident, except for the mysterious claims that one particular bomb site was a legitimate Pharmaceutical manufacturing plant, providing half the regions drug supplies. However, this was soon forgotten in favour of more important news.

There has been one item we can rely on to make the headlines recently. An item that gets full coverage on a regular basis, in immense detail. A topic we all needed, and wanted to be analyzed incessantly with a fine tooth comb. It all started with a statement: 'I did not have sexual relations with that woman.' His press officer stuck with this statement through thick and thin, and so that is what we heard, and believed of course, if you cared at all that is.

You'd think you would be safe from politics in the comfort of one of those expensive seats in a West End cinema. I've sat down in the last few months to be subliminally informed while innocently crunching a mouthful of popcorn, that it is easy to mistake meteors for Iraqi bombs, and that American Secret Service agents are in position as generals in Saddam Hussain's army. After the trailers it got even worse.

While wars rage on all over the world, NATO gathers its forces in protest against a conflict in Yugoslavia. I'm reading the paper and it simply doesn't add up. I wonder what makes these

conflicts so special.

Jason O'Neale Roach
News Editor

Names in the new King's College London

King's College now has five new campuses:

The Strand Campus
The Waterloo Campus
The Guy's Campus
The King's Denmark Hill Campus
The St Thomas' Campus

`Waterloo' has been chosen in preferencne to `South Bank' because of the proximity to the University of the South Bank. `The Guy's Campus' and `The St Thomas' Campus' have been chosen in order to firmly associate these famous hospital names with the new King's College London: the words `at London Bridge' can be added to `The Guy's Campus' in explanation in some contexts, if wished. `The King's Denmark Hill Campus' reflects the King's College Hospital component within the `GKT' context, and simplifies other references.

The title `The Guy's, King's College and St Thomas' Hospitals' Medical and Dental School' is the wording used in the Act of Parliament to effect the merger. When this Act was drafted, however, planning had not advanced to the point where `GKT' (as it has come to be known internally) would actually encompass the three schools of Medicine, Dentistry and Biomedical Sciences. The title in the Act will therefore only be used on rare occasions (eg in a legal context and in conjunction with Professor Sir Cyril Chantler's role as Dean). This form will not otherwise be used on College stationery, signs, prospectuscs etc.

We hope to restrict the contraction 'GKT' to internal use, as we wish to achieve as full as possible recognition for the three famous hospital names - Guy's, King's and St Thomas' - that will now be associated with King's College in the names of three of its schools. The spclling of St Thomas' will have only one `s', followed by the apostrophe, as this is the usage generally (though not universally!) adopted by St Thomas' Hospital.

The new building at the Guy's Campus which will open in summer 1999 will be known as `New Hunt's House'.

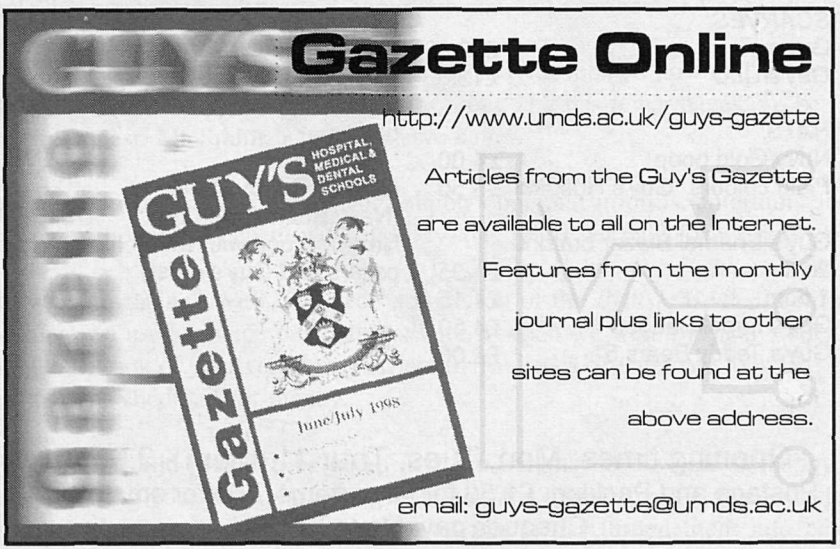
The medical School Building at the Guy's Campus will, from the beginning of the 1998-9 session, be renamed the Hodgkin Building, and Block 9 at the St Thomas' Campus will be renamed the Sherrington Building from the same date.

Merger Column

It is now just over two months since the take over by King's College, students here remain unconvinced of any benefits of this unholy union and continue to see it in a very negative light. This months column discusses a particularly delicate issue, which if not printed here would probably remain unknown to the vast majority of readers. However, first there are several less contentious issues to be discussed, one of which is the tactless removal of signs relating to the United Medical and Dental schools of Guy's and St. Thomas' Hospitals. On its own this would be unfortunate, however their replacement with hideous King's College signs, which stick out like a sore thumb, really takes the proverbial biscuit. Although I would never condone vandalism, the painting by hand of "Guy's" over the top of some of these signs is perhaps a signal of our collective frustration with the insensitive way that King's have charged in, like a bull in a china shop, desperately trying to leave their mark on everything as quickly as they possibly can. King's College Student Union has also seen fit to send in their own security guards for Guy's hops. These guards, who resemble and indeed behave like night club bouncers, haven't taken long to antagonise our students, in fact people have been reporting that the level of interpersonal conflict has actually increased since these 'guards' started. It seems odd that their needless presence has actually inflamed many a situation, a function which I'm sure isn't in their job description. These situations used to be, and indeed could be, handled perfectly well by the Medical school security, whom most students know and indeed like! This just appears to be another situation in which KCLSU has swept in and changed things without consulting people who are in a better position to know what is and isn't needed, and indeed how it should and shouldn't be done. Rumours are rife as to the fallacy of GKT as a legal entity. In fact many (including several senior members of medical school staff) have suggested that the name Guy's and St. Thomas' means nothing at all to King's College. This is supported by the fact that all 'GKT' sports teams and societies have been served with notice that they are temporary only and will cease to exist in just under two years!

It appears that the only place 'GKT' really exists is in the minds of UMDS students who are desperately trying to hold onto the tradition and identity for which both Guy's and St. Thomas' are rightly famous for. The name being invented to pacify both current and former students, and to cover up the fact that Guy's and St. Thomas' have been sold down the river. Mark my words, just as the last of the old UMDS students finish their medical and dental degrees GKT will cease to exist. Guy's and St. Thomas' will be entirely swallowed up into `King's College School of Medicine and Dentistry'. It is now time to start making a noise to ensure that the name of Guy's and St. Thomas' remains firmly linked to one of the best medical and dental schools in the world and doesn't just vanish into thin air.

Merger Correspondent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June/July 1998

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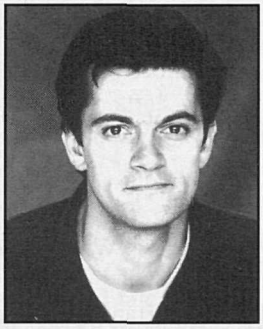

An Open Letter To Mr Richard Smith, Editor of The British Medical Journal.

Dear Mr Smith,

Please excuse me for writing to you this way, but you do not seem to have replied to my previous twenty-seven letters.

As Editor of the British Medical Journal, you must get incredibly irritated by people asking if they can write columns for you, but I wonder if I could write a column for you?
I have been a columnist for Guy's Gazette for several months now and, as you can see, it is a lot less posh than your magazine, and has fewer pages. To be perfectly honest, Mr Smith, I feel I deserve better.

I should be writing a more important column - one that informs, entertains and encourages thoughtful debate. And, frankly, one that I get paid for writing.

Why your magazine? Well, I've been a huge fan of the *British Medical Journal* ever since we used to wipe our bottoms with it when we were medical students. Also, by the look of your very smart offices in Tavistock Square, you look like you could pay me shedloads of money.

Obviously, I would prefer to be given my own column but I would be happy to start off writing your '*Personal View*' column - the moralistic one where doctors write in and tell you about how getting an illness has turned them into better human beings.

I've worked out that I've had eight major medical experiences in my life that have

deeply affected me. I could write about those in turn, giving you eight weeks to sack that *Minerva* bloke and give me the inside back page and thirty grand a year.

Here's a summary of the *Personal Views* I am prepared to write for you:

1. Tonsillectomy. St Martin's Hospital, Bath, 1968.

Tear-jerker of a tale of being left by my parents in a dirty Children's Ward with a nasty, horrible matron who scolded me severely for wetting the bed.
MORAL: From that day onward, I have never forgotten how important it is to be nice to one's patients. (And I've stopped wetting the bed - aren't nurses fantastic?)

2. Foreskin caught in zip. Trowbridge Hospital, Wiltshire, 1969.

Attention-grabbing piece about the most painful experience of my life so far.
MORAL: To do so effectively, it takes four adults to hold down a five-year old child. And ***always*** wear underpants underneath your trousers.

3. Palpitations. John Radcliffe Hospital A&E, Oxford, 1983.

Rather scary story about getting palpitations after first time ever windsurfing. Stopped as soon as they put the ECG leads on my chest, but I am still convinced it was atrial fibrillation.
MORAL: Sod windsurfing for a lark.

4. Venflon Insertion. Andrew Farmery's bedroom, St John's Estate, Bermondsey, 1985.

Nothing-to-be-proud-of account of medical student prank.
MORAL: Having venflon put in my arm by a drunk friend has made me realise how much venflons hurt and consequently made me a much better and more understanding doctor. (I know this sounds a bit like your standard *Personal View*, but the photos I've got should spice it up).

5. Fractured Right Navicular Bone. UBC Hospital, Vancouver, Canada, 1986.

True-life orthopaedic drama revealing the very real dangers medical students

may encounter on their Overseas Electives.
MORAL: Don't rely upon your friends to accompany you to Casualty the morning after your 22nd birthday - despite the fact that you can't walk and your foot is so big that you can't get your sock on, let alone your shoe. And don't kick walls.

6. Extraction of Wisdom Teeth. Orpington Hospital, Kent, 1988.

Shameful tale of bone idle surgical house officer who would do anything to wangle a week off work.
ANCIENT CHINESE PROVERB: Doctor who become patient on own ward - he must show bum to people he work with.

7. Human Gammaglobulin Injection. My bedroom, Bristol, 1990.

Harrowing story of one woman's long fight to get two millilitres of really quite viscous liquid out of a bottle in the fridge, and into her husband's bottom.
MORAL: I can run faster than my wife.

8. Acute abdomen. St Thomas' Hospital, London, 1993.

Thrilling tale of how pathetic bloke can convince himself that he has ascending cholangitis when he's merely egg-bound.
MORAL: There is absolutely *nothing* funny about rectal examinations - even when you learn later that they drew straws in the Doctor's Mess because "that Guy's bloke from *Struck Off and Die* needs a PR". (Also, wouldn't have been admitted overnight and given IV Augmentin if it was Guy's, of course. Thus: St Thomas' is rubbish.)

Well, I hope you can see from these summaries that I'm going to be a brilliant writer for your brilliant mag.

Reply soonest,

Dr Tony Gardner

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Do you know or does HE know?

Maybe I am a sucker for controversy. I choose to talk about God. I don't know how many of you think about this topic, but I admit it only recently struck me. Some of us are brought up into religious families and some are complete atheists, others are still experiencing an internal conflict as to who is their god. In a world where technology and all forms of science place blinkers on our eyes and lead us further into the future, why are some of us still compelled to use His name in vain and pray once in a while (especially in the weeks before an exam!)?

I guess we are prime examples, medical and dental students. It is quite obvious we are moving in multiracial circles, but we pass each day without questioning the others beliefs. Okay, so it's not everyday conversation, but soon, in a few years there will be people and families who place their lives in our hands. And we, because it is our duty, not because we believe we are the sole life-keepers of society, receive the responsibility and do our best. In the meantime, there are people praying for this person's life. Praying to their God, whatever form it may be in.

Think about this. Are they praying to a higher being, or to you, so that you may spare this person's soul? We are all here so that we have the capability if not the power, to assist in maintaining health or to make death as comfortable as possible. We are using technology to do this, so that a god can be thanked or blamed, depending on the outcome. One who was conjured in primitive times when such advancements didn't even exist. Yet still in this century, people flock to holy places of worship, doctors, lawyers, bus-drivers and even politicians!

Does He exist? Who powers the surgical hand? What initiates the electrical impulse that keeps us alive? What gave us the power to maintain and even save lives, and with all the power that we are given, who is our God?

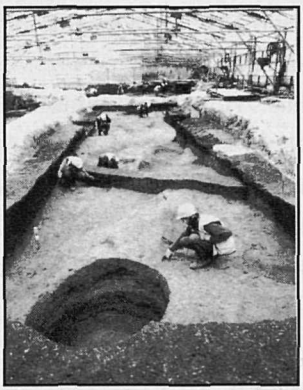
Anuskha Chaudhry

Archaeological Excavation beneath Hunt's House

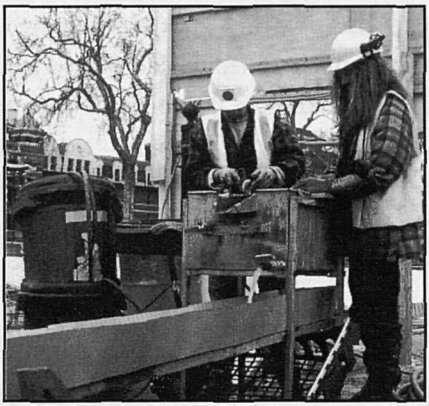
On Wednesday 14th October an open presentation of the archaeological discoveries made around the foundations of the former Hunt's House building at Guy's, took place in the Greenwood Theatre, Weston Street. Over a hundred people attended the event and found it fascinating to view the historical remains exhibited on tables, with an expert archaeologist or conservator on-hand at each display, to answer questions and put the artefacts into context. Poster boards showed photographs of the site and the excavation work involved, and Robin Taylor-Wilson, director of the company responsible for the dig, gave an informative slide-show and talk.

Construction of 'New Hunt's House', which will incorporate state-of-the-art teaching and research facilities for the merged Guy's, King's and St. Thomas' Schools of Medicine, Dentistry and Biomedical Sciences, is being undertaken by Europland/Bouyges UK Ltd. However Pre-construct Archaeology were first commissioned to undertake a site evaluation from August-September 1997, after closure of the clinical services at Hunt's House. This was because the site is designated an Archaeology Prioirity Zone by the London Borough of Southwark, owing to a 2nd century AD Roman Boat which was found in 1958 on the site of New Guy's House, just 40 metres from old Hunt's House.

The project began by digging evaluation trenches in the former basements and kitchens of Hunt's House. These revealed to the archaeologists a well-preserved Roman riverside landscape and channel, stretching right across the site, with evidence of pre-historic and post-medieval remains, and led to a major dig at the site between December 1997 and April 1998.



Excavation site at Hunt's House under temporary shelter



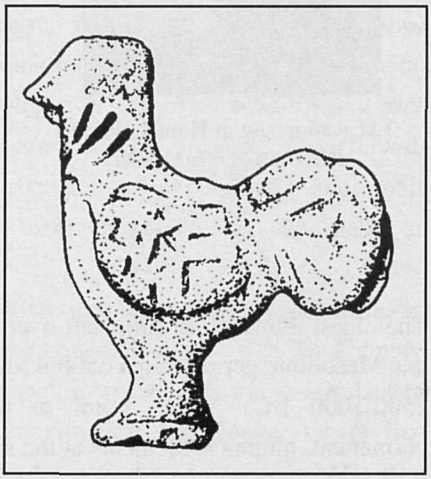
Archaeologists extracting the heavy residue of stones, pottery and bones from light organic material such as plants and seeds, by washing away the silt in a water tank. These often quite minute specimens were dried and then sorted for specialist analysis.

The oldest remains are flints left over from tools and cooking fires from the late Mesolithic period (circa 6500-4500 BC) and late Neolithic/Bronze Age (circa 2500-1000 BC), which point to prehistoric seasonal, and perhaps more permanent, human settlements at the site. North Southwark would have consisted of numerous sandy islands on the edge of a much wider River Thames. A grid pattern of 'ard marks' left in the ground by primitive ploughs, show that these islands were a focus for arable farming. Rising sea levels then covered much of the area in thick clay and silt deposits and it was not until the 1st century AD that the Romans made a concerted effort to alleviate periodic flooding by building up the surface of the land with tonnes of dumped earth and 'rubbish'.

Large quantities of demolished ceramic building materials, such as bricks and roof tiles, as well as coins and leatherwork from shoes, show that the area was intensively occupied by the Romans. Silver-plated contemporary forgeries of Roman coins indicate that all was not honest and true even so many centuries ago! Personal items found include intricately carved needles and pins made from

bone, also jewellery, and an intriguing tiny spoon with a slit in the handle, which is still being cleaned and conserved and its erstwhile usage pondered over.

A major finding in the south-east corner of the Hunt's House excavation was the edge of a large water channel - the 'Guy's Channel' - which contains the Roman river boat that still lies preserved under New Guy's House. The edge of Guy's Channel had been revetted several times with posts and planks, to create a wharf for boats to load and unload their cargoes at this trading port. It also appeared that local rubbish had been deposited in the channel, including large quantities of animal bones from Roman butchery and ritualistic sacrifice. It was incredible to see the deep knife scrapings which had gouged out the cattle bone marrow for human consumption hundreds of years ago! Dog, deer, pig and sheep skulls were also on display.



Copper-alloy cockerel - "Herald of the Dawn"

Another large structure found was a tank constructed from wood and lined with clay to form a waterproof seal; it may have been used for the temporary storage of live fish or shellfish. Certainly pieces of pottery amphorae - large vessels used for transporting commodities such as wine, olive oil and fish sauce (garum) - were unearthed, presumably for lavish feasting somewhere in Roman Londinium, if not under our very feet at the Hunt's House site! One of the most beautiful finds from this time is a copper-alloy cockerel, representing, appropriately enough, Mercury (god of trade and messenger of the gods) in his manifestation as "Herald of the Dawn" (2nd century AD).

Little is known about Southwark after the Roman period, until it emerged as an

important trading centre in the Medieval Period, based around Borough High Street. Pottery from the post-medieval period is intact or in recognisable condition and includes fine tableware from France, as well as Staffordshire wares: emphasising the trading network that Southwark took part in. A Borderware plate with sliptrailed decoration from the Surrey-Hampshire borders (circa 1600-1700) is a particularly fine example of the pottery found.

Borderware plate with sliptrailed decoration

The archaeological data, drawings, photographs and environmental samples are currently being analysed and will be published in full in 1999. Surely then we shall have a unique and interesting perspective on the archaeological heritage which lay beneath Hunt's House, undisturbed and unknown for centuries.

Rina Dutta

The author is grateful to Peter Moore, Project Manager of the Hunt's House site for Pre-construct Archaeology Ltd., for the figures and archaeological findings used in this article. Thanks also to Andrew Judycki, Merger Project Directorate, for background information and his liaison work. The independent conservators and archaeologists, and consultant Eric Norton of Norton Thompson Associates, who provided expert opinions as well as Europland-Bouyges UK Ltd. who generously funded the archaeological excavation, are also acknowledged with thanks.

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The A to Z of Pathology

M. J Wilkinson, J.D. Bancroft and C. Bancroft Churchill Livingstone, 1997.
ISBN 0-443-03536-9 Price £15.95

This pocket-sized guide to the terminology used in Pathology is intended as a quick-reference book for health care professionals interpreting pathology reports and readers of academic papers rusty in modern jargon. To this end the book is probably moderately useful. Succinct explanations, rather than definitions of major terms are arranged alphabetically: although the American spellings - eg. etiology, edema - could catch out readers searching the 'A' or 'O' sections instead. "Less important" words are listed in an Index at the end and the reader is referred to a "major term" section in which the lesser word is incorporated, eg. multiple sclerosis under demyelinating disease. Cross-referencing enables the reader to easily dip into different sections without becoming bogged down in detail.

It seemed quite au fait until I noticed the inconsistencies. For example, the section on lung has no specific page numbers for cross reference and just includes the clause that many diseases are discussed in separate sections, whereas the bone section has a much more organised structure, with bullet-point subdivisions and page references to diseases such as osteoporosis and rheumatoid arthritis. Some improvements in the uniformity of style and layout would be welcomed in the next edition. A single alphabetical index at the end (like its namesake the A-Z street map of London) and an arrangement in topic or systems order would be more conducive to reference than the dictionary / textbook hybrid form adopted.

Although densely packed with words ,the text is easy on the eye, with a clear font and grey bars hi-lighting the major terms and breaking the prose into manageable chunks. A few clinical students on campus do clutch the tome (as tightly as the Oxford Handbooks) near Path. exam time. To increase the appeal of this reassuringly small, but pricey, guide to the student population some thumb-nail figures or diagrams would not go amiss.

The authors are wise to recommend reference to the larger best-selling textbook, Underwood's General and Systematic Pathology, from the same publisher, for more detailed study.

Rina Dutta

SUPER-NURSE, SUPER-PRACTICE & SUPER-PAY ?

The recent announcement of a grade of supernurses, with consultant status has been met with mixed reactions. To some it is not so new; there have been nurses practising in this way for a very long time. To others there is conflict *in the possibility of role confusion* with a doctor. But I think it should be stated clearly; the day of the nurse being a handmaiden is long gone. In certain areas, and there are some I have direct experience of, the nurse as the primary source of advice, diagnosis, and therapy is well established. Family planning is one such area. Starting with difficulties, when the idea of birth control was frowned upon as interference with divine will, family planning has come a long way. In many areas, the family planning nurse is the acknowledged expert, to whom doctors defer. I have seen the specialist family planning nurse instructing medical colleagues. Of course, we all know this happens across a wide area of specialities. But it is at its most obvious in the family planning field. A concise booklet of forty pages length has recently been published. It is entitled 'Supporting Effective Contraceptive Use' - a resource for practice nurses. It has also been recommended by doctors who have read it. To say that a friend of mine is one of the contributors should be stated at the outset: however she reaps no financial reward. Furthermore, I understand the book is free to anyone sending to the Health Education Authority at 30 Great Peter Street, London SW1P 2HW. Can I say fairer than that? The authors are all specialists in the field of family planning. The book expects readers to be interactive: each section asks the nurse to look at a series of questions and scenarios, before proceeding to provide tentative answers. Moreover it succinctly points out that it is not a substitute for training. But looking at needs, accessibility, talking about contraception - all are important introductions. In addition, examining confidentiality, listening to understand, rather than to simply give a prepared answer, alongside keeping careful records are significant issues to consider when working in a team and reviewing practice. There are useful appendices: there are exercises in working with men's understanding, and diagrams of reproductive anatomy. Men have often been neglected in health matters. It is often a proud boast from a man that he has not visited his doctor for many years. But this may not always be wise, and needs a different approach. This is dealt with in exer-

cises. All in all, this booklet provides a useful set of homework for anyone coming into contact with sexual health problems, or just good plain knowledge of sexual practice. Despite living in the 1990s, when explicit discussion of sexual liaisons are commonplace, there is still a great deal of ignorance about quite simple matters surrounding our generative organs. Some of this ignorance stems from a lack of confidence in being able to say we do not know. But exploring facts, rather than continuing to live with old wives tales is a sensible alternative.

Having got this far, what about super-pay for super-practice? At a time when Viagra is being denied by the NHS because of its likely impact on the drug bill, how seriously can we take any promise by the government to pay out more money to nurses? I think the chances of many, or any, nurses seeing much more in their pockets is slight. The large majority of nurses will not come within the category to receive such an award. This will do little to aid recruitment; though the nature of the publicity about 'consultant nurses' is eyecatching. If it looks as though nurses have been content to engage in this practice, with the status offered, why pay them more?

Family planning nurses are in a unique position, though others may feel they approach this level. But through the family planning nurses' specialist group, they have been able to argue a very good case. I believe their booklet has set a precedent, and wish it well.

Denis Cobell

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Water Polo
A year in ladies lycra

Over recent years the UMDS men's waterpolo team have become a force to be reckoned with, achieving supremacy in both United Hospitals and University of London competitions. In contrast to this, waterpolo has never witnessed more than a 'thrown together', 'scratch' UMDS ladies team. In the past, strong female swimmers such as Samantha Darcy have had to look to UL for training and competition in swimming and waterpolo, which has meant that their triumphs in the pool have gone unnoticed within the medical school.

Until recently there have been relatively few chances to see the combination of raw swimming talent and water-borne aggression required for waterpolo in ladies from UMDS. Last October however, the men's squad finally relented, and allowed us to attend their training session. Waterpolo at UMDS would never be the same again. Lycra-clad young ladies struggling to catch and throw with one hand whilst treading water provided a unique opportunity for the men to improve their own 'one-on-one' marking, and saw a quite remarkable increase in male attendance. Although at first a novelty, it became clear that the girls could give as good as they got, and a core attendance of about ten meant that both swimming and ball skills could be improved at a dramatic rate.

A friendly match against a depleted Royal Free team during the spring term saw a victory to UMDS, winning 7-2. Goals were scored by Litha Pepas, Natalya Zuleta, Heloise Baines and unfortunately James 'the albatross' Berry, our goalkeeper, scoring for the Royal Free. It should, however, be pointed out that we did manage to substantially handicap the opposition by volunteering Ben Pearch's skills, throwing him quite literally into the deep end against the wrath of the UMDS girls. His baptism of fire into ladies waterpolo left him both physically and mentally scarred.

With training going well, we were all eagerly awaiting the date of the UH cup. When the unfortunate news came through that the tournament would take place after the second year and BSc exams and during pathology revision time, it soon became clear that we would suffer without the presence of Catherine Charlton, Jenny Ryan, Jo Spoors, Ali Hunt and Alex Roberts. But, in true UMDS style, we scraped together a squad of eight (leaving us just two substitutes playing six-a-side) to take on the combined team of UCH and the Royal Free and Barts and the London. The true extent of the task ahead was realised as we were sur-

prised to find both of the UL ladies waterpolo captains, currently undertaking studies at UCL, playing for UCH and the Royal Free. Not wishing to appear bad sports, we began to look at our own strengths in the search for success.

Each of the teams played each other twice, with the UMDS girls using the first two matches merely as a warm up, losing 6-3 and 5-2 to UCH & RF and BL respectively. It soon became clear that we would need tactics (and more than Ben Pearch's support as referee) if we were to regain any sort of control of the situation. Men's captain Nick Lai took on the challenge, organising a new and improved formation approach. Newcomers Fiona Granger and Beth Dover took on the mighty task in defence, co-ordinated by the talented girl in goal, Clare Britton, while Lucy Simmonds and Emma Townsend looked unrivaled in the mid-field. Star strikers Litha Pepas, Natalya Zuleta and Heloise Baines were untouchable, leading the team to a well-deserved 3-1 victory over UCH & RF and a 2-0 win against BL. With UCH & RF the victors against BL for the second time in one evening, we finished in a respectable second place behind UCH & RF, exhausted and scratched to pieces after a vicious night of ladies waterpolo.

Following our first year of competition, it would be safe to say that waterpolo has us all hooked - our aggression out of water is now nothing compared to that in it. Proposals for a new tight, white lycra strip for the up and coming GKT ladies team have not yet been discounted.

Special thanks must go to Billy Challacombe, Johno O'Leary and Nick Lai for their help with our 'tight marking' and newly-acquired 'ball handling skills' and to Ben Pearch for keeping the slower female swimmers company during our indurance training. We should also congratulate members of our squad who have represented UL this season - Natalya Zuleta, Litha Pepas, Alex Roberts, Heloise Baines and Catherine Charlton, and hope that this record will continue and improve next year with one UL captain being a member of GKT and the other of King's College.

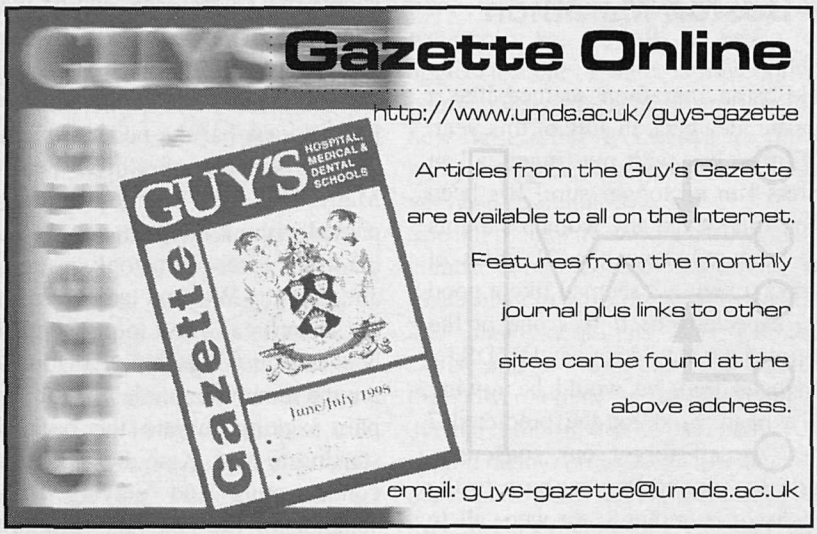
1997/98 UMDS Ladies waterpolo squad members: Heloise Baines (capt), Natalya Zuleta, Litha Pepas, Emma Townsend, Lucy Simmonds, Clare Britton, Catherine Charlton, Ali Hunt, Jo the osteopath, Alex Roberts, Jenny Ryan, Jo Spoors, Fiona Granger and Beth Dover.

Heloise Baines

Boston Marathon

The Boston marathon seemed like a fantastic idea back in July of this year. As I lie in bed with my fingers all in plasters I'm no longer sure! It's been a long time since any women's eights have ventured down the 31 miles of the course, but '98 seemed like a good time, especially as it was one of the last times we would row as UMDS.

Convinced that we would be rowing into a head wind for the predicted 7 hours, we all forgot our sunscreen, sunglasses etc. adding sunburn to the long list of symptoms we were all to complain of. It also meant that Beth and I were unable to wear our new high performance thermals which we were convinced would carry us through the pain. Saturday saw us bombing up the A1 to Kate's house, all comparing isotonic drinks and wondering if 7000 calories worth of malt loaf would see us through. We got to Lincoln and put our boat together with the help of some nice young men, who looked slightly horrified when we told then we'd only had one outing. We had a sober evening of pasta and pizza and an early night where we all had variable bad nights sleep, due in part to Nick (who cracks his toes) and Beth (who's incontinent!). Eventually we got to the water (to may bull dogging impressions and shouts of 'To the Max' which were to continue for some hours). The water was lovely and flat but in a cutting for the entire way which meant a very limited view bar the odd sheep and the tireless support of Chris, Nick and Matt. The first 8 miles to the lock passed without incident, a hasty scramble to the river left us only a short way ahead of the Wolfson ladies, so we cut our first break short to put some water between us. Personally I found the second hour the hardest, with sciatic pain kicking in and the back really starting to hurt. Kate did a good job of concentrating and playing the odd song down the cox box. Emma's attempt at a song showed some areas of leadership that she may have to work on..... Our next break, roughly an hour later was brought about by Emma's inability to urinate into a bottle. Sian suggested the legendary McCatty T-shirt catheter (you don't want to know) but Emma's attempt at a squatting position led to an unfortunate 'Benny Hill style' falling in. Luckily Emma got back in time for us to once more put some distance between us and the eight chasing. Things were going pretty well at the half way stage, some shouting from the boys was a help. Bow pair were surprisingly quiet - I kept Beth in order and Jo later admitted that she daren't open her mouth because she knew she wouldn't be able to stop moaning once she did.



The last ten miles went really slowly. Matt told us encouraging things like 'It's only another 7 miles', 'Just another hour' etc. By the time we were into the last 1.5 miles most of our blisters had burst, but we all put everything into those last 800 meters as the finish came into view. We stormed through the finish, apparently with some style, before dragging ourselves, and then the boat, off the water. The relief of finishing was immense and we were pleased with our time under 5 hours at 4.56 hours. Whilst we waited for the results to come out we compared war wounds - Sians blisters on her bum sounded particularly special although the application of Vaseline had helped (apparently). Kate managed to de-scrunch quite well considering she'd sat still for so long. Virg was in good shape having encased her entire body in plasters before starting. When the official results came out we were delighted to find out we'd won (by a mere two minutes) with the last crew in our division over 40 minutes later. The jury's still out on whether we'll do the Boston marathon again, personally I'm going to wait for the blisters to heal before making a decision. A huge thanks to Nick, Chris and Matt for their help and enthusiasm.

Meg Harrison

Crew: Kate B (cox), Caroline (str), Virginia R, Catherine, Sian, Emma (Capt), Meg H, Beth D, Jo (Bow)

RUGBY

GUY'S AND ST THOMAS' 1st XV
v
OLD DUNSTONIANS
SATURDAY, 26th SEPTEMBER
LEAGUE MATCH KENT
DIVISION 1

This was the second league match for the hospital side in their new league and against opponents assessed by coach Steve Farr as being amongst the two or three strongest in the league. However, Guy's set off at a cracking pace and for the opening, looked a thoroughly organised side. Thorpe and Wood dominated the line-up with Thorpe in particular playing some balls straight off the top of his leap, and the forwards taking the ball and driving it down the field. The backs had plenty of ball to show their skills and with a mis-move in the centre, Etoch was put over with a try converted by Davies. Further pressure by the forwards, who at this stage were playing magnificently, led to a penalty under the post and a 10-Nil lead. However, Old Dunstonians had looked dangerous in the backs with the scraps of possession they had obtained, and totally against the run of play they scored an unconverted try. This stimulated the opposition side into frenzied activity and reminded Guy's and St Thomas' that matches have to be won by hard work. The hospital side was looking particularly vulnerable in the centre of the field where Old Dunstonians made several searching forays. Guy's scored immediately before half time when instead of a penalty for the post, the side decided to kick for the corner and a take by Thorpe was translated into a forward drive and Clinton emerged with the try. Half time 17-5.

Soon after half time there was a first for the hospital side when Pete Davis on his birthday was sent to the sin bin for 10 minutes for not retreating 10 yards when instructed to do so by the referee. As so often the case the hospital side took their foot off the accelerator and suddenly the Dunstonians were back into the game with a converted try and a score of 17-12. The game seemed to be swinging Old Dunstonians' way when after a good passage of play, they scored near the post to take the lead. This at last roused Guy's out of their lethargy and a scrum near the opposition line was trundled over for a score by Davis, but since he was fouled in the process, a penalty try was awarded and a score of 24-19. At this point Pete Davis created another record by being sin binned again by querying gently the referee's decisions, although it must be said they looked a little unorthodox from the touchline. Much to the relief of the Guy's sup-

porters, the ball was spun wide for a move between Breeze and Behn, the move being halted when Behn was pushed into touch a metre or so from the opposition line. From the ensuing line-up, Thorpe did a passing imitation of Michael Jordan, hanging in the air taking the ball cleanly and clinching the match by diving straight over the line to score. The final score was Old Dunstonians 19, Guy's and St Thomas' 29.

Overall this was a good win against a side with probably the best backs in the league. The side has got to learn to maintain effort for the whole of the 80 minutes, and also that it is pointless to argue with referees. Still, a good all-round performance and a second league win under the belt.

Team: Stacey J (replacement Woodsford D), O'Sullivan F, Clinton R, Wood B, Thorpe B, Ryan G, Davis P, Another B, Morgan S, Davies N, Ekeowa U, Behn E, Bunting A, Etoch R
Scorers; Tries Etoch, Clinton, Davis, Thorpe, Conversions; Davies 3 Penalty; Davies

SJC

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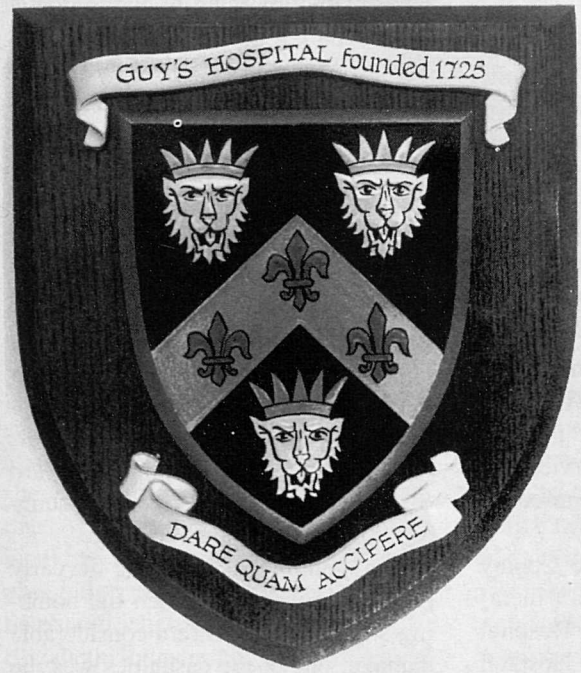

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John Christopher Wharton

John Christopher Wharton died on the 4th June, 1998 at the age of 91 in the ward named after him in the Horton Hospital, Banbury, Oxfordshire. He qualified at Guy's in 1931 and after house jobs at Guy's, (including house surgeon to Joey Hughes and George Doherty) he went into general practice in Banbury, Oxfordshire. His career was unusual in that from this, he became Consultant Physician at the Horton Hospital, Banbury where his dedication to the welfare of patients and to the improvement of services for the under-privileged was admired by all who knew him.

He served as an Oxfordshire County Councillor and later became a member of the Oxford Regional Hospital Board. Having joined the Hospital Advisory Service, he was asked to take up an assignment in Liverpool to introduce changes and improvements in the geriatric services in that part of the country. Later he became acting Regional Medical Officer for Mersey before final retirement at the age of 71. He spent many happy years after retirement, dividing his time between his home near Banbury and a holiday retreat in Porto Pollensa, Majorca where he was able to entertain many visiting friends. His wife, Gertrude, died fifteen months before him and he leaves a daughter, Helen, and one son, Christopher, a Guy's graduate and Consultant Physician at Farnborough, Kent.

CFP Wharton

Elizabeth Johnson

Eleizabeth Johnson trained as a nurse at Guy's before the second World War and on qualification she was appointed Staff Nurse in the out-patients department. When appointed Ward Sister she was at that time the youngest to be accorded this privilege.

She was on the wards during the early part of the war and when the bombing started, Guy's sufferd considerable damage; one of the casualties was the East Wing; now known as Boland House, where she was a Ward Sister. Although the hospital continued to function, in spite of the extensive damage, it was felt necessary that much of Guy's should be evacuated to the country. Elizabeth Johnson moved with that part of Guy's which was transferred to Orpington Hospital.

By the end of the War and in the period of austerity immediately following, her health began to suffer. It

was thought that the rigors of being a Ward Sister would be too much for her to continue in such a physically demanding post. It was therefore in 1948, after her recovery, that it was suggested to her that Sister Dental would perhaps be a more appropriate appointment because of the regular hours and the less stressful nature of the job. She flourished in her new appointment and remained in this post until her retirement in 1975.

There are many generations of House Surgeons, Registrars and senior members of the Hospital and School staff as well as the local Clerics who had cause to be grateful to her. She knew Guy's and who was who. Above all she was always a good listener, someone who in modern terminology would be called a Counsellor. Slow to pass judgement but always on hand to listen and where necessary, help.

Elizabeth Johnson had that knack of being able to walk through the three floors of the Dental Department, accompanying the Dean, Mr Warner, on his progress round all the departments on a Tuesday morning and spot something out of place or amiss at thirty paces. She was also someone with a presence who could calm any situation, she was particularly adept at guiding a new House Surgeon away from the wrath or tantrums of a Consultant in a way that neither was aware of what she had done. Tea and biscuits with Sister Johnson were an occasion and an honour bestowed on visiting examiners, consultants, registrars and house surgeons as well as her many friends both in the Dental School, the Hospital and the Cathedral. These occasions were both social and educational in the ways of Guy's Hospital which were to be savoured by all but particularly by the most junior member of the staff who came to understand the family ethos of Guy's.

One of her duties was to be responsible for the Red Belts, who were required to sign in with Sister each morning before going to their various departments. For a number of years she was also responsible for overseeing the training of the Pink Belts, the trainee dental nurses, a task which was later taken over by a Tutor DSA. Both these jobs she did with great style and compassion for those in her charge.

With the move of the Dental School to the Tower a very special phase of the School and Hospital came to an end. As splendid as the new environment appeared to be there was something which was quintessentially Guy's in the old building and Elizabeth Johnson was undoubtedly an integral part of it and what it represented. Those of us who remember her, do so with much love and affection.

PMS & RBJ

MARGARET LYLE CAMPBELL, MBE: RSCN: SRN

Margaret Campbell died suddenly at home on August llth 1998 after a short illness. She was born in Langside, Glasgow, on 14 April 1922 and educated at Hutchesons Girls' School in Glasgow. On leaving school in 1940 she started children's nursing at the Royal Hospital for Sick Children, York Hill, overlooking Clydebank. There are stories that she used to hide the children under their cots during air raids and sometimes gave added protection by lying over them: In 1943 having qualified RCCN she left home in Scotland and entered Guy's for general nursing training. At this time it included working in peripheral hospitals in Kent, which were under the aegis of Guy's during the war. She qualified SRN, as a prizewinner, in 1946 after a somewhat abbreviated course as she married Alan Campbell who, at that time, was a Dental Officer in the Navy. Margaret returned to the Guy's scene when Alan joined the senior staff of the Dental School in 1965. She was made honorary member of the Nurses League and become involved in the Guy's Hospital Ladies Association. She succeeded Pip Salmon as secretary, which entailed organizing the work done by the groups of volunteers. When the Ladies Association amalgamated with the Guild of Ex-Patients to form the Friends of Guy's Hospital in 1973, Margaret worked for the Friends Services Branch, being Chairman for many years and serving on the Executive Committee. She later became Vice-Chairman of the Friends, an appointment she held until her death. In fact, the week before she made a presentation with a delightful speech at a party given for the retiring Chairman. For many years she was a member of various Community Health Councils serving the London Area. Not only did the meetings demand a considerable amount of her time but she also carried out inspections of Homes for the Aged. These appointments ceased on reaching the age of 70 and in the following year, 1993, she was awarded the MBE in recognition of her charitable works.

Her interests throughout life were many and varied. Scottish Country Dancing was at one time a great enthusiasm so that in 1963 she was elected the first lady President of the Orpington and District Caledonian Society. She joined a Gaelic Choir with concerts in South London and in the Albert Hall and was on the organizing committee of the "Festival of Scotland" in London. She loved music, particularly Mozart and Richard Strauss, was an avid reader and a knowledgeable gardener. In later years her membership of the South Hill Wood Bowling Club gave her much pleasure. Margaret had immense energy, was an extremely good organizer both with regard to her devoted family and with her charitable works. All this was done in a gentle self-effacing way, often with an impish sense of humour and the sweetest of smiles. Her innate goodness, kindness and decency inspired a love and affection in all those who were lucky enough to have known her. She is survived by her husband, Alan, her son Neil, her two daughters Gillian and Jane and by her five grandchildren who were treasured in her "Granny's Boasting Book" of photographs.

George Scott

GUY'S HOSPITAL MEDICAL & DENTAL SCHOOLS

Gazette

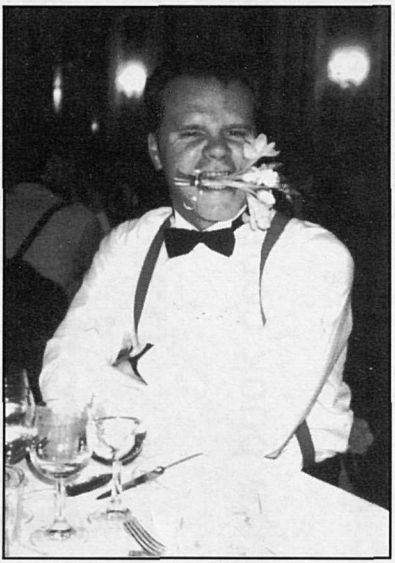
EDITORIAL VACANCY 1999

Wanted, student to fill Editorial role on the Guy's Gazette.

Any interested students should contact the current Editor, Nabeela Ahmed, either in writing, by phone or via email.

Any interested students who wish to write/ photograph/ edit/ proof read etc should also contact the current Editor.

Caption Competition



The Gazette team would be interested if any readers can find a suitable caption for this month's photo.

Captions and other correspondence to:

Guy's Gazette Caption Competition,
Boland House,
Guy's Hospital,
London,
SE1 9RT.

September Winner :
" Thank heavens I remembered to pee before lighting up "
R.M.Wilson

CLASSIFIED AND ANNOUNCEMENTS

New Hygienists!

The School of Hygiene is pleased to announce the following registrations with the General Dental Council.

Diploma in Dental Hygiene 1998

Caroline Baillie
Marie Blondon
Sharon Deans
Elizabeth Delgrosso
Deidre Gillham
Victoria Gurd
Natasha Johnson
Siobhan Kenny
Rodney Lee
Andrew Terry
Charlotte Wright

BDHA TUTORS' PRIZE and CLAUDIUS ASH SCHOOL PRIZE

Bettina Delgrosso

HU-FRIEDY SCALING PRIZE

Natasha Johnson

ORAL B PRIZE

Victoria Gurd

STAFFORD MILLER ORAL HEALTH PRIZE

Siobhan Kenny

MICHAEL MABERLY SHIELD

Diedre Gillham

Contributions

The Guy's Gazette welcomes any contributions from readers, but we ask that any material submitted for publication should be word processed whenever possible.

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Change of Address

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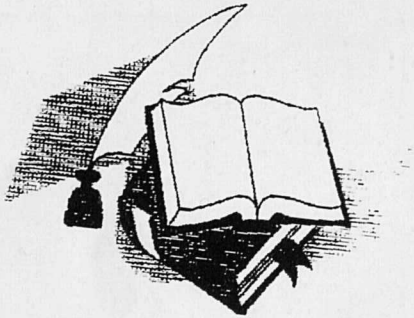
Surrey CR5 3SY



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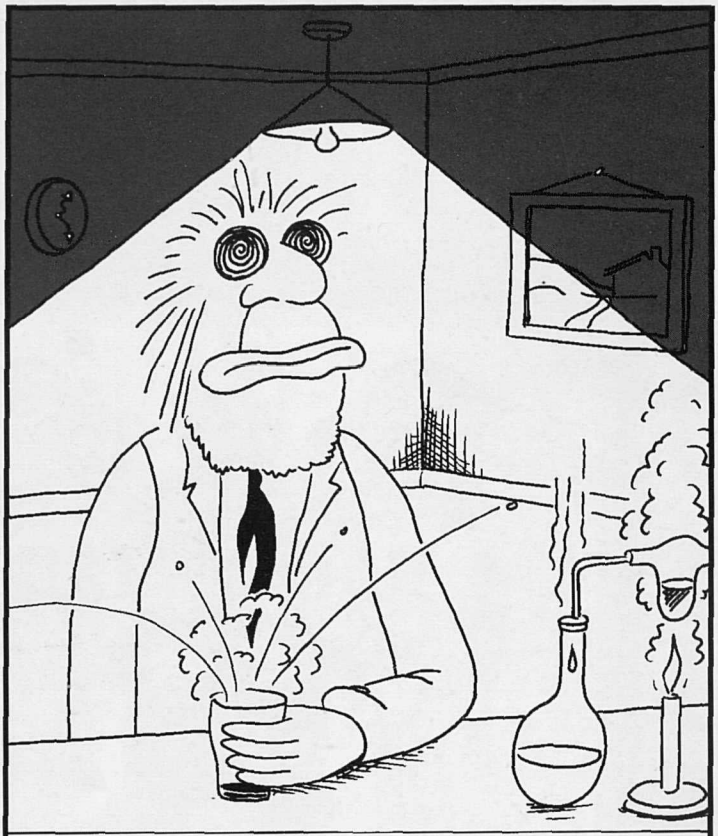
GUY'S 25 JAN 1999 Library

December 1998

- White Coat Fever
- Welcome Freshers
- Tribute to John Keats



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GUY'S Gazette

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Passim

A House of Lords committee has recommended that the illegal drug cannabis can be prescribed, under a controlled drug system, for medical conditions such as Multiple Sclerosis (MS) and Retinitis Pigmentosa. The Government decided that it should not.

Other illegal drugs are used in medicine. Cocaine is used in ENT procedures and dimorphine (Heroin) is given routinely for pain relief. There is a growing amount of evidence that cannabis relieves the pain of MS and improves visual acuity in Retinitis Pigmentosa. Are we criminalising sufferers of these diseases who are trying to relieve the distressing symptoms of their conditions?

By saying this, however, should our profession be seen to be promoting the use of illicit drugs. The dangers of these substances are well known and their effects, both medical and social, are well documented. Many will say that by allowing cannabis to be available on prescription is a form of legalisation by the back door. Opponents to this view would argue that cannabis is no more a dangerous drug than alcohol.

Sufferers of MS who use cannabis would like to see legalisation for medical purposes as soon as possible without clinical trials. Some people would like to see those trials completed before we allow cannabis to be available on prescription whilst others would not like to see cannabis prescribed at all. Whatever our own personal views are, it is a debate that doctors are going to be involved in, that we should be involved in and we should all have an opinion.

Will Topping

The Gazette Committee wishes all it's readers a happy christmas and best wishes for the new year!

Letters

We would like to hear your views on any issues raised in any of the Gazettes, or anything to do with Guy's.
You may have an opinion you would like to share with the rest of the readership. We would like to see some of your points published in future issues. If you feel you want to air your thoughts, please write to the editor.

You are reminded that it is the editor's discretion whether to publish a letter and that derogatory personal references to any individual will not be acceptable. We will, however, do our best to let you have a say.

Annual Dinner

Dear Madam,

I was absolutely horrified by the attendance at the Biennial Dinner this year. I qualified from Guy's Hospital in 1981 and was, therefore, surprised and upset that I was almost the youngest at the dinner! It amazes me that when so many good friends are made at Medical School, that one can leave and then make no effort to keep in touch with such friends. Where was all my year! Where were all the other years below me and above? I would like to open this debate and find out why Guy's Hospital medical students do not wish to attend such an event as a Biennial Dinner and meet up with old acquaintances. Is it the food? Is it the venue? I know Martin Jourdan puts in an enormous effort to organise such an event and I am sure he would like to hear people's views. I personally am in no doubt that the venue does need to change and that the food needs to significantly improve.

Yours faithfully

Dr. SPG Moore
Guy's 1976 - 1981

'59 Club

Dear Madam,

Are you aware of any member of the '59 Club who have E-mail addresses as I want to contact one of them about the '59 reunion next year?

Yours faithfully,

Bernard Binns

Sorting King's out!

Dear Madam,

On May 10th 1945, Guy's was attacked by a mob of King's College students because their mascot 'Reggie', a lion made of material resembling paper mache had been sequestered in Guy's as a consequence of a previous altercation. Much damage was inflicted that day, both to person and building, including floods occasioned by the manning of fire appliances, used to repel invaders.
The consequence of the events of May 10th was that 'Reggie', now painted in Guy's colours, was paraded over London Bridge, through the city and thence to the Strand where he was dismembered and then thrown into the Thames. If I remember correctly, the King's students were not overtly

amused by this and became so argumentative that the metropolitan police became involved. They were apparently displeased that the traffic in the Strand had been brought to a complete stand still.

It does just cross my mind that we who were students at Guy's in 1945 would have known how to deal with the present incursion from the Strand. But of course all this was more than half a century ago, when we had never heard of political correctness or expediency. We did know that it was 'better to give than receive' - and we certainly gave it to them.

Yours faithfully,

Professor BH Bass

Tribute to John Keats

Dear Madam

The 31st of October marks the birth date of the poet, John Keats, who died in Rome in 1821 of pulmonary TB at the young age of 26 years. I had always been a great admirer of his beautiful verse and his surprisingly mature gift of words. Recent correspondence had stimulated me to open a small, battered anthology of his verse, which I had purchased as a medical student 38 years earlier. I sat alone after breakfast, on a Saturday morning after a hard week dealing with sick cancer patients. I felt compelled to write some verse in his memory but then read some of his golden lines. I felt very humble. I was a middle-aged doctor who had been able to practice medicine for over thirty years. I had mature children, most of whom were older than this young man when he died. He must have known his fate. He had seen other members of his family die of TB. He had never really practised as an apothecary, for which he had been trained, yet, in his lines there was no trace of bitterness or regret. I realised that if I 'practised' for a thousand years, I could never hope to match his consummate poetic skills. But, with tears streaming down cheeks, wrote the enclosed lines in frustrated tribute to him, warts and all.

Yours faithfully,

David Tong
BSc FRCP FRCR
Consultant Radiotherapist

Spitting Blood

A Tribute to John Keats (1795 - 1821)

O callow youth forgive me that I do not probe your lines in depth.
I now know the price you suffered for your art,
The pain you felt and how you must have wept,
When the torrents of the words would spill or when your inspiration would not start.

O, dearest John, I can share your fears when you opened up your hand
And when you first saw those crimson streaks of bronchial blood;
That you wiped away the stains, took up your pen and
Poured out your soul on white, empty sheet, I have understood.

But you did not fill your noble pen with bitter words.
Ay, fear, perhaps and, like me, you must have stared
Into the black pit of sleepless night and then heard
The voice of restless nature then, shewed for life you cared.

How did you find those cool, rich wells of quietness?
What golden orchards did you find to pick the endless fruit?
How could one so young be with such wisdom blessed
And so little stains of life? You were a genius, there's no dispute.

Forgive me, that, in candlelight, I do not pour over your shining verse;
That I do not slowly open up my hand to look for stains of blood.
Like you, I have so little time, but I am forever, cursed
With twisted age and blunted lines. Ay, you would have understood.

David Tong
September 1998

Too long at Medical School!

Dear Madam,

It has been a long held belief of mine that the amount of time one needs to spend studying at medical school can be substantially reduced I write this with conviction as it was stated in the previous edition that the government expend just under a quarter of a million pounds on each medical student throughout their training.

To amplify on this seemingly contentious topic I would like to proffer an alternative scheme to the school. Starting with the early years I am still being asked *Ad infinitum* whether I have disembowelled any cadaverous produce of late. No doubt, the aim of this process is to install in our minds the anatomical structure of the human body. With all the current technological facilities on offer a computerised model is more than adequate for this task, and would cut the time required for this activity immensely. Though the abolishment of dissection would be clearly detrimental to those individuals who wish to pursue a career in surgery and surgical techniques, it should only be reserved for those few individuals at the relevant stage of their course.

The many hours spent wading through scientific textbooks in preparation for examinations that to an outsider the content of which would draw a clear parallel to a biology or chemistry based degree. In hindsight a lot of the information assimilated is necessary, though a gargantuan amount can be disposed of in the medical school refuse system. A physician should be recruited to analyse the many syllabi and adapt accordingly to what is deemed essential and what can be discarded.

A three year clinical course, based mainly in Lusty's is also an area which should be researched. An experience common to all clinical students is arriving for an early nine o''clock ward round, terminating at ten, followed by a two o'clock teaching session (an interim period of four hours spent clerking and in the library!) which is duly cancelled. The excessive twelve week attachments on firms lead to groans resounding round the hospital corridors. Is it honestly beneficial spending three months having consultations with depressives, schizophrenics, manic individuals, depressives.. er .. schizophrenics? A flippant example I except but one enshrouded with truth.

Organisation is going to be a perpetual problem, but does mixing the same lectures up and alternating the order of specialities undertaken amount to advancement? Students arriving through the hallowed doors of Guy's and St.

Thomas' (and presumably Kings now) are picked for their academic prowess. This inevitability is due to the huge disparity between supply and demand for medical school places. Therefore a super medical course (with a duration of approximately three to four years) could realistically be founded.
The dichotomy that exists is a trade off between clinical exposure and the assimilation of information needed for use in these settings. By encouraging autodidactic students into this establishment and start clinical exposure from day one the following sequelae will occur; the system will provide quality doctors, at a lower price by adopting an efficient programme of training by reducing idle time and superfluous material.

Yours faithfully,

Alexis Bowers

Students pay - again - under KCL rule

Dear Madam,

Please could the chief librarian explain why under the new KCL rule, staff are given a subsidy for photocopying - at the expense of the students (we pay 7p per copy, they pay 3p.)
Yours faithfully,

Nabeela Ahmed

Kings Merger

Dear Madam,

I write this article, to convey to you my anger. Two UMDS students spent the night in a police cell, and now face appearance in front of the Board. One was in hospital with facial injuries. Others anointed their own wounds at home. I am not fully aware of the circumstances, but when I discovered the people involved were ones I knew, I was totally and utterly disgusted. Slightly shaken, but certainly not shocked.
Unfortunately, I can name very few Asian events in which there have been no brawls or bust-ups. Letting down our university at such a big religious event, into which so many people spent months preparing and others spent money to see. There were complaints of deliberate disturbances (shouting abuse etc.) throughout the compere's speeches, clearly intent on disrupting the peace. Also, streetfights left an unpleasant mark on the memories of some out for a night of entertainment. History of the UMDS Charity Diwali shows, record harmonious co-operation with no problems - but 1998, the year of our merger with King's College, proved that all is not well in a large sector of our university community.

Also Guy's bar has been the recent venue for brawls between UMDS and King's students. It is quite apparent that there has been no such trouble of this kind for the past few years and competition for the "Who is the Best?" position has begun. Without placing the blame in either corner, it appears that the vendetta that arose on the day the Merger was signed and more evidently on Friday 20th Nov. (at the UMDS Diwali show), is just the beginning and unfortunately, may be seen to develop into a widespread problem for us.

Yours faithfully,

Anuskha Chaudry

Certificates

Dear Madam,

There has been so much written about the merger it seems to be dominating much of the Gazette's letters section. As it is read by those at the top of the UMDS administration this may be a good medium to express another concern about the merger and hopefully receive a reply. I am particularly disappointed that current final year students will graduate from Kings College London. I chose to study at Guys and St Thomas', and I have spent five and a quarter years of my six years very happily as a UMDS student. Through representing Guys and St Thomas' in three sports, co-organising the Guys hit squad in Rag week and doing a BSc at Guys I feel a lot of loyalty to UMDS. I did not apply to Kings and I feel thoroughly let down by the fact that I will graduate from Kings with only an acknowledgement that I was at UMDS. As a final year student I have not been involved in the new curriculum. I do believe that the merger will improve the future of UMDS as GKT, but I have no compulsion to be a King's graduate. If there was to be a consensus of opinion of final year students I would be extremely surprised if a single student requested to be a Kings gracluate. I feel that this opinion should be reflected on our degree certificates. I understand that it may be too late to change the graduation, but if this is so I feel it will be a complete misrepresentation of 200 students' education, academic and otherwise. If, however, there is still a possibility to graduate as UMDS students I would be prepared to canvass opinion of all final year dental and medical students.

Personally, I will always be very proud to present myself on my CV as a Guys and St Thomas' graduate, after hopefully passing ever-nearing finals.

Yours faithfully,

Neeraj Bhasin

Bournemouth & Wessex Guy's Society

Dear Madam,

The 43rd Annual dinner of the Bournemouth and Wessex Guy's Hospital Society was held at the Yenton Hotel, Bournemouth on Friday, November 6th 1998. A good dinner was enjoyed by all. Dr R D Hill was in the chair. After the loyal toast and toast to the Guy's Hospital Medical and Dental schools, the chairman welcomed members of the Society and expressed sadness that Mr George Cross was not able to attend due to illness. The members sent their best wishes for a full and speedy recovery. The assembly was then addressed by Dr Robert Knight who gave news of developments in the Hospital, Dental and Medical schools. The members listened with interest and not a little sadness to details of the changes, which had been brought about. It is to be hoped that those who are carrying out these changes understand what they are doing. Only history will be their judge. If they are in error, it will then, unfortunately, be too late to make amends. The next Winter meeting of the Society will be held on Friday November 12th 1999. Please make a note in your diary!

Yours faithfully

Dr R D Hill

Guy's Memorabilia

Crystal Whisky Decanter (gift boxed)	£70
Pewter goblets	£25
1-pint pewter tankard	£25
6oz Hip flask with captive top	£19
4oz Hip flask	£14
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Paper weight	£4
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Crystal night cap set (2 tots, boxed)	£37.50

(Please add £1 for postage and packaging. Crystal items not posted.)
Tel: 0171 955 5143 Fax: 0171 955 2832

Friends

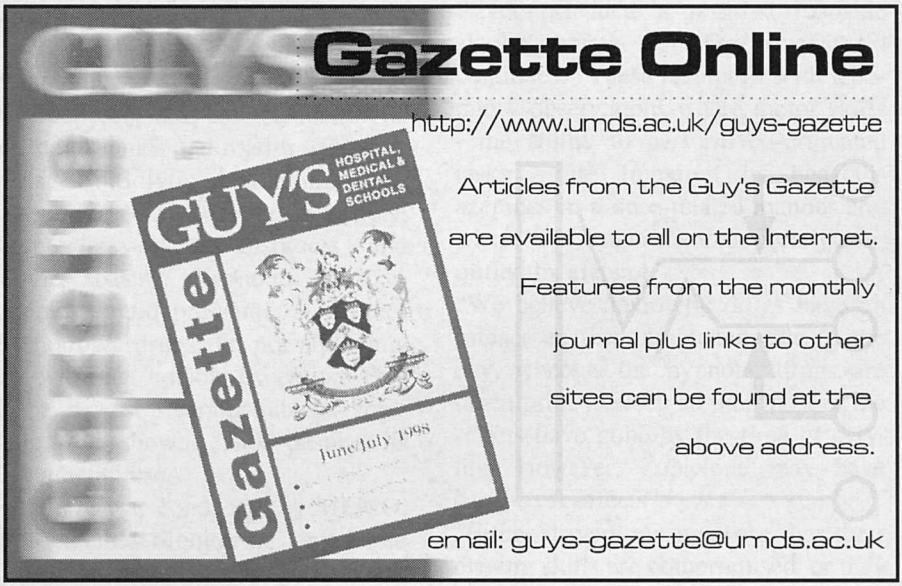
Dear Madam,

It was with some sadness that I read your obituary of Sister Elizabeth Johnson. She became Sister Dental just about the time I entered the Conservation Room and I feel privileged to have always received her friendship - Christmas cards came regularly and occasional phone calls. In 1948 most of the students like myself were ex-service men, about the same age as her - some probably older. However, we were all her "boys" and were treated equally in all things. I well remember her commenting in later years how young students seemed to have become!

When I was a House Surgeon I committed a small administrative offence which deserved to be brought to my attention - which she did with her usual kindness and understanding. Two minutes later her smile was back in place and tea ready! I once brought my two children up to the hospital and she was delighted to see them and I know that in her earlier years she was so happy working in children's wards

Yours faithfully,

Peter Readings
Guy's 1950



Don't take certain prescribed drugs and drive

People taking some of the most commonly prescribed tranquillisers could be risking a road-traffic accident, according to a study published in today's edition of The Lancet. The study estimates that if patients follow advice not to drive while taking benzodiazepines, 1,600 accidents could be prevented and 110 lives saved each year in the UK.

The study looked at the link between road traffic accidents and the use of psychotropic drugs, including tranquillisers such as benzodiazepines, antidepressants and other drugs that act on the brain. The study revealed that there was a significant association between the use of anxiolytic benzodiazepines and road-traffic accidents. Anxiolytic benzodiazepines have long been used to treat anxiety, other stress-related disorders and muscle spasms. Hypnotic benzodiazepines, antidepressants and other psychotropic drugs did not show any link with one notable exception. One of the newest sleeping tablets, zopiclone, did show a link despite its "infrequent" use.

The study was conducted by MEMO, the Medicines Monitoring Unit based at the University of Dundee, in collaboration with the Chief Constable of Tayside Police, using anonymised data. The investigators looked at about 20,000 road-traffic accidents over a two-year period and any links with prescribed psychotropic drugs.

Dr. Tom MacDonald, the key study author from MEMO, said: "These drugs have always carried the rather vague warning that they may cause drowsiness that may affect skilled tasks such as driving. Our study shows that users of these drugs were at increased risk of road-traffic accidents and must be given clear advice not to drive".

The study also showed that the risk of a road traffic accident increased as the dose of drug taken increased and if the driver provided a positive roadside alcohol breath test. Dr. MacDonald continues: "These results fit with laboratory observations where motor skills - the ability to perform co-ordinated tasks - are impaired by benzodiazepines in a dose-related manner and where this impairment is greatly amplified by alcohol."

"We believe anxiolytic drugs have an impact as they are taken during the day, whereas the hypnotic drugs are taken prior to sleep so that most of the effects have gone by the time of driving. However, Zopiclone may have carry-over effects".

"Either drivers are unaware that their driving skills are compromised, or they

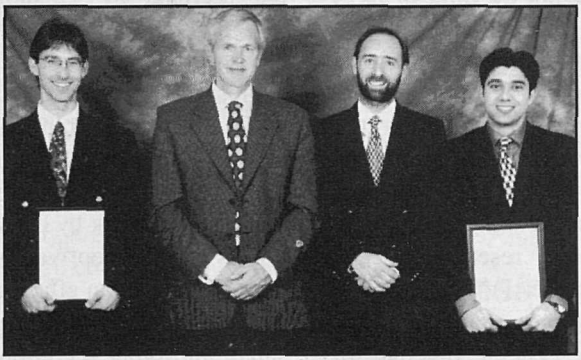
carry on driving even though their medications cause them to be drowsy. Everyone knows of the effects of alcohol on driving ability. It should now be made clear to patients that they should not drive whilst taking anxiolytic benzodiazepines or zopiclone. If users of these drugs did not drive, we estimate that at least 1,600 accidents, including 110 deaths, would be prevented every year in the UK".

William Spence, Chief Constable of Tayside Police added, "It is now clear that users of certain prescribed drugs have their ability to drive seriously impaired. The previous, somewhat vague advice issued with many prescribed drugs, indicated that patients should not drive if they felt drowsy. This advice contains insufficient details and needs to be fundamentally re-appraised. It has to be made clear that people taking anxiolytic benzodiazepines and zopiclone are putting themselves and other road users at risk. I shall be raising this issue through the normal representative channels to have it amended as soon as possible".

This study was made possible by MEMO's unique ability to record-link anonymised information from different parts of the health system. The results of the study demonstrate the value of record-linking data in order to provide a complete picture of health care. Such linkage is important if health services such as the NHS are to detect the hazards of treatment and to improve the delivery of health-care in a cost efficient manner. In the present study, the use of relatively inexpensive, prescribed medications was associated with road traffic accidents. These accidents have a high personal cost to those involved (including third parties) as well as the NHS when physical injury is involved.

MEMO is conducting a number of studies that are providing the health service, academia and the pharmaceutical industry with valuable insight into how the standard of health care today can be further improved.

Guy's Excels Again!



Julian Naglik, Professor Challacombe, Dr S Sweet, Sadaf Khan

More Colgate Awards for the Oral AIDS Research Unit. At the IADR meeting in Nice in June 1998, Colgate Certificates of Merit were awarded to Julian Naglik for his post-graduate research, and to Sadaf Khan in the undergraduate Category. The commendations are continuing a tradition of Colgate Awards to staff associated with the Oral AIDS Research Unit in the Department of Oral Medicine and Pathology at Guy's Dental Hospital. The unit was initiated in 1990 with a grant from the Dunhill Medical Trust and the Oral and Dental Research Trust to Professor Stephen Challacombe. Professor Challacombe appointed Dr Simon Sweet to oversee the unit, which has to date published over thirty papers on a variety of topics related to oral health and disease in HIV infection. Professor Challacombe won the Colgate award in 1977, and Dr Sweet won the Colgate prize in 1994. Since its inception the Dunhill Medical Trust has continued to generously support the unit. Professor Challacombe's research was on mucosal immune responses to Streptococcus mutans with Professor Tom Lehner. This work has steadily progressed and has recently lead to the first human trials of an anti-caries vaccine using monoclonal S. mutans antibodies grown in tobacco plants by Dr Julian Ma (who won the Colgate prize in 1992) and Professor Tom Lehner.

Simon Sweet's research background was in the microbiology of periodontal disease and candidiasis completed at Glasgow Dental Hospital. Since candidiasis is the most common mucosal infection in HIV and AIDS patients, research into

Candida albicans has been a recurring theme in the work of the unit. In 1994 Dr Sweet was awarded the Colgate Prize for his research on mucosal immunity and strain selection in oral candidiasis in HIV infection at the BSDR in Newcastle. Unfortunately, this meant that he had to change the date of his own wedding so that he could present his research at the IADR in Singapore. Fortunately, his wife Christina Cope, a Guy's trained dentist now in general practice in Billericay, was quite understanding, even though half of the Oral Medicine Department came along on the honeymoon!

Julian Naglik first started work in the Oral AIDS Research Unit in 1990 as an undergraduate spending a year gaining research experience. At the end of his placement he went back to University to finish his degree, but subsequently returned as a research assistant and then registered for a PhD. Julian's research has centred on the expression of proteinases by C. albicans in vivo directly from patient samples. This is done by using a reverse transcription polymerase chain reaction technique, developed in collaboration with Professors John and Deborah Greenspan and Nina Agabian at the University of California at San Francisco. This method allows minute traces of genetic material to be amplified and detected to reveal which of the nine proteinases are secreted by C. albicans during infections. These can now be targeted for the development of vaccines against candidiasis.

Sadaf Khan is currently in his fourth year of his BDS course at Guy's. His research project followed on from some earlier work by Dr Sweet into the effects of iron deprivation on C. albicans. Humans can effectively sequester free iron by producing lactoferrin in saliva and other secretions, but pathogenic orgamsms have their own mechanisms to overcome the host's defences. Sadaf developed techniques to limit iron availability in vitro in order to study the effect of these conditions on the virulence of C. albicans. This work may eventually lead to the discovery of iron regulated mechanisms that can be exploited to target anti-fungal drugs against Candida. Research is continuing at a fast pace in the Oral AIDS Research Unit, so who knows, there may yet be more Colgate awards to come.

Simon Sweet

Dr. Chisholm Ogg An Appreciation

Dr Chisholm Ogg started at Guy's Hospital in 1955 as a medical student and apart from four years gaining experience in other hospitals, has been based at Guy's ever since. As a nephrologist and in collaboration with Professor Stewart Cameron, he was one of the pioneers responsible for the establishment of Clinical Nephrology in the U.K. The Renal Unit at Guy's was set up in the 1960's and has grown to be one of the largest units in the UK, with an international reputation. From a humble beginning in the late 60's, when a single patient was dialysed in a side room in Hunt's House, the unit has expanded to treating more than 3000 patients today, 1100 of whom are on dialysis or have been transplanted. In the 1980's Chisholm Ogg was one of the original group to establish resource management at Guy's and was one of the first Clinical Directors to lead the new Directorate structure, now accepted by many Trusts across the country. He retired from the Trust on 31st July 1998 and will be missed as a most respected nephrologist, who devoted his career to advancing patient care. He is moving to Oxfordshire, where he will be near his grandchildren and pursue his favourite pastime - fishing.

Dr John Scoble has taken over as Clinical Director for the Renal Unit.

Deirdre Conn
Directorate Manager Renal Unit

Princess Margaret meets 'Miracle Baby'

On Tuesday 17 November 1998, Her Royal Highness, The Princess Margaret, Countess of Snowdon, as Patron of the world-renowned Purine Research Laboratory at Guy's Hospital, visited laboratories and met staff, members of the patients' charity, and families affected by the distressing metabolic disorders which the laboratory researches.

Of the 24 purine (and companion pyrimidine) diseases now discovered, the two most well known are the devastating Lesch-Nyhan syndrome, affecting boys who may never walk or talk and compulsively injure themselves, and an AIDS-like immunodeficiency disorder where babies must be nursed in a bubble until a bone marrow donor is found. PNP deficiency has features of both.

Purine metabolic disorders result from defects in genes. The most com-

mon sufferers of these rare diseases are young children who may present with anaemia, autism, cerebral palsy, deafness, delayed development, kidney stones, or loss of immunity. Affected adults of one purine disease suffer from debilitating kidney problems and have frequently required kidney transplants.

The Guy's laboratory was the first to recognise some purine disorders. It has devised many new methods and has developed the only diagnostic service in Britain. It is part of the Guy's, King's and St. Thomas' School of Medicine of King's College London. Doctors and scientists visit it from all over the world and its work has saved the National Health Service hundreds of thousands of pounds.

Presenting a bouquet will be four-year old Christine Whitesell, from Marshall, Michigan, USA. Christine's survival was hailed as a 'miracle', after she received a bone-marrow transplant in America. She is one of only five surviving patients out of 40 diagnosed worldwide with purine nucleoside phosphorylase (PNP) deficiency, a deadly purine disease. Coming with her especially to speak at the Patients' Seminar on her disease are her parents and grandmother - a GI bride paying a first return visit to the UK!

Save Guy's Campaign

As the campaign to save Guy's draws to a close, readers might be interested to read a brief account of the campaign's work since its commencement in February 1994. The Save Guy's Campaign (SGC) was set-up as a result of Virginia Bottomley's proposal to close all in-patient beds at Guy's and transfer them to St Thomas'. A Committee was formed and willing volunteers in the Campaign Office assisted in the publicity drive to alert all interested parties to the plight of our great Hospital. The enormous effort of the helpers was rewarded by a huge, world-wide response in the form of donations, offers of help with petitions and general support with letters to local MP's, etc. The Campaign received an all-party backing with local MP Simon Hughes becoming our Chairman, ably assisted by Labour's Tessa Jowell and Roger Simms of the Conservative Party.

In 1992 the Tomlinson report recommended further closures of acute beds in London. In 1994 the Jarman report on hospital beds in London stated that the United Kingdom had one of the lowest supplies of acute hospital beds per head of population of the OEDC countries. Throughout 1994 and 1995, the SGC worked strenuously to oppose the closure of the Accident and Emer-

gency Department at Guy's. Staff, patients, local people and the many friends and Guy's men and women outside London voiced their opposition through marches to Parliament and lobbying of MP's. Concern was shown locally, regionally and nationally. In April 1995 Peckham MP Harriet Harman publicly attacked the decision by Virginia Bottomley to close Guy's. Work carried on through 1996 with monthly meetings of the Committee which included representation from the doctors, dentists, nurses, Friends of Guy's, patients and volunteers. Extra meetings were called when responses were required to particular issues at Government level. The Committee met with MP's at Westminster, attended numerous public meetings and gatherings. Social events were held in Cotton's Atrium in Tooley Street to update staff and supporters and to allow individuals to voice their opinions. Newsletters were sent to parents and friends as regularly as possible to keep them abreast of the fluctuations in the state of play, both financial and strategic.

In the 1997 Summer newsletter, it was explained that the Campaign Committee planned to send a carefully reasoned proposal to the Review Panel which had been formed to decide the future of London's Health Service. The proposal would emphasise the superiority of the SGC plans over those of the Trust. In February 1998 the Government accepted the recommendation of the Review Panel, headed by Sir Leslie Turnberg, that the Trust should revise its plans to ensure a more equitable distribution of beds and services across the two sites. In May 1998, in line with the above recommendation, the SGC submitted alternative proposals to the Health Minister and in June, Alan Milburn assured Simon Hughes that the SGC alternative proposals would be carefully considered and evaluated by the NHS Executive. In July 1998 the Trust's Revised Full Business Case was submitted to Ministers and in September 1998 it was accepted.

It would have been wonderful if Guy's could have remained intact but that was not to be. We, the Save Guy's Campaign, feel that we have achieved at least a proportion of our original objectives. At the outset the plan was to move all in-patient beds to St Thomas'. At the close of the Campaign, the Trust's accepted Full Business Case placed Renal, ENT and Cancer Services at Guy's, with a number of elective orthopaedic and urology beds also, which including the Mental Health beds, gave a total of 350 beds. A minor injury unit will replace the Accident and Emergency Department. At the time of writing, the SGC Committee has decided to hold further monthly meetings until December

1998 in order to highlight numerous questions regarding the Trust bed distribution which still remain unanswered. Any resulting progress or information will be included in next year's Gazette. The Committee would like to thank those who have so loyally and generously given their support in many various ways and also to thank Simon Hughes MP for his untiring enthusiasm. The Committee as a whole, many of whom would be well-known to you, has worked consistently hard, and the unfailing loyalty through the good and depressing times has resulted in a small, very close group, who can be proud of their efforts on behalf of Guy's.

The Save Guy's Campaign

Merger Column

As the reader will no doubt notice the steady stream of anti-merger letters continues, sentiments expressed in these appear to echo current feeling in the medical and dental school. These letters, and indeed articles such as this one are to be encouraged. The Gazette has recently received a letter from the Principal requesting that copies of our journal be sent to a number of senior medical and dental clinical and pre-clinical staff, so that they can be in touch with current student feeling about the merger. It therefore appears to be a particulary good time to let the architects of the 'takeover' know the true feelings of both past and present students. Many people have vocalised dismay at the changes that have taken place, unfortunately not enough of them have actually put pen to paper. It is now time to write, after all there is little point in complaining about the merger if you are not willing to make your views known, especially if things can be done!

Some time ago I was astonished, if not dismayed, to hear that King's College (of which I would prefer not to be a part) were planning a 'Merger Celebration' at Southwark Cathedral. I chose not to include it in my column, obviously not wishing to give publicity to such an absurd event. Unfortunately, my esteemed colleague, the news editor, mentioned it in last months edition - I'm sure we can forgive him in time. It was suprising to hear about this 'celebration', especially at a time when rumours are circulating that due to poor planning when Guy's and St. Thomas' first merged, UMDS was never really going to be a viable prospect for the future. This was apparently due to a lack of money to carry out the proposed structural and departmental changes originally planned. Therefore, to waste more money by staging a

party, at what I imagine to be no small cost, seems ludicrous. This is not to mention the cost of coaches from the Cathedral to the Strand and the cost of the reception at the 'hole in the strand'.

The phrase that springs to mind is '...throwing good money after bad...' This money could be better spent in sorting out time-tabling for medical students to ensure that those in the second clinical year actually get the correct amount of teaching, as opposed to playing second fiddle to the students starting the new clinical curriculum this year. The present situation which sees 12 plus students all time-tabled to attend the same clinic and sit in with the same doctor must stop.

The clinicians are exasperated, recognising that they can't possibly teach the required skills to so many students in the same clinic. Several Consultants have, in fact, admitted that with the present situation there are going to be many Doctors qualifying in the year 2000 who will be lacking in essential skills and knowledge. Is the medical school going to dig its heels in or are they going to admit that they have got it wrong? THat they will have too many students to teach in one go - all as a result of the merger! As a final point, I would like to voice my agreement with Dr. Hill's letter in this issue, and point out that so far it does appear that those responsible for the merger don't understand what they are doing and that if action isn't taken soon there will be nothing left to make amends to. Remember it will soon be too late to have your say.

Merger Correspondent.

ON BEHALF OF
GUY'S HOSPITAL GAZETTE
Registered Charity No. 254662
Promoter: Prof. S J Challacombe, Guy's Hospital, London SE1 9RT

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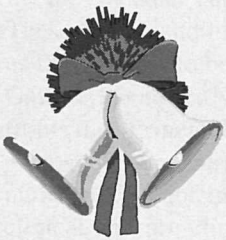

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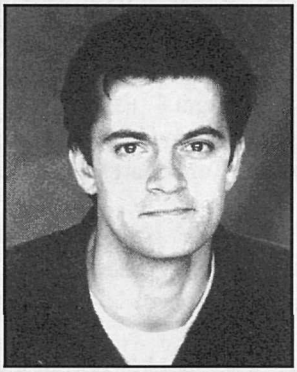
WEAKENDING...



Now that the Freshers are here, I thought it would be nice to write a column for them, the sweethearts.

One of the advantages of studying at a famous teaching hospital such as Guy's is to delight in the sheer history of the establishment. Friends and relatives are particularly impressed when you show them round the old place pointing out interesting landmarks and telling erudite stories.

Of course, it's much the same at other places: The London have The Elephant Man in their Pathology Museum, St Thomas' have Florence Nightingale and Kings is... well, it's just a hole in the Strand isn't it? So that's not a very good example. Studies have shown, however, that Guy's Hospital has more interesting facts per square yard than any other Teaching Hospital in the World. Here are a few of them:

- Elvis Presley had his appendix out at Guy's and it is in the Pathology Museum. Unlike the London, we just don't go on about it all the time.

- Guy's Hospital Rugby Club is 'The Oldest Rugby Club In The World' but a lesser known fact is that Thomas Guy invented the game of Rubgy Football one Saturday afternoon at Honor Oak Park. Nursing the mother of all hangovers, Guy was playing inside-right for the Second XI Football team when he absent-mindedly caught a long ball hoofed in his direction and ran down the pitch with it. Everyone just laughed at him and he was sent off for deliberate handball - but that's how Rugby was invented.

- That little 'house' in the Colonnade is actually the fossilised lower mandible of a giant dinosaur that roamed SE1 in prehistoric times - before Guy's was built.

- Guy's is the richest hospital in the World - they have bank vaults full of Picassos and Rembrandts. The trouble is, no one can remember which bank they're in.

WEAKENDING...

• You know those steps where the Nat West cash machine is? Well that's where, in the olden days, they used to set up the gallows and hang impudent patients.

• Thomas Guy's statue was designed by Monica Howard, aged 12. She won a Blue Peter competition in 1971 and it was sculpted by Tony Hart from Vision On.

• John Keats may be our most famous alumnus, but very few people know that he was thrown out in his first year for failing Statistics. Twice!

• The Colonnade floor is made up of 625,497 pieces of marble - one for every disease known to man.

• A Medical School Dean is buried beneath each wooden bench in the park.

• The phrase 'within spitting distance' is derived from The Spit, where the food was once so poor that to this day, the staff are supposed to keep back a safe 'spitting distance' from the customers.

• The Dental School is at the top of Guy's tower because, historically, dentists tend to smell a bit in the summer months.

• When I first came to Guy's, a pint of beer cost 42p *

• There are believed to be seven ghosts of Guy's - all of them ex-Medical School Office Secretaries.

• If a medical student lays his shoes outside his Office in The Colonnade, the Head Porter is duty bound to polish them by 7am the next day. Try it!

• Guy's holds the World Record for the heaviest dental student that ever lived. Albert 'Fatty' Seer, who had to be winched into lectures, was a student from 1923 to 1925, when he died suspiciously in what is now the Tower Tandoori on Tower Bridge Road.

• Rearrange the initial letters of every ward in New Guy's House and they will spell out the true identity of Jack The Ripper.

• Many famous people were born at Guy's including Winston Churchill, Benjamin Disraeli, Kingsley Amis and Des Lynam (all spontaneous vaginal deliveries), Sylvester Stallone (forceps, maternal exhaustion) and Cerys Matthews, the lead singer of Catatonia (ventouse).

• When they pulled down Hunt's House recently, they discovered a giant underground lake which was the home to nineteen previously undiscovered species of tench.

• There still exists a rule that states that it is mandatory for Guy's Nurses to salute doctors when they pass them. Very few of them do.

• In the last century it was not an unusual sight in the summer months to see medical students cock-fighting in the park. The greatest cock ever was 'Boland's Pride', undefeated for 232 bouts in the 1864/65 season. He was twice Cock of the Year, and won the Inter-Hospitals Cup a record 3 times. Cock-fighting was banned on humane grounds in 1875. As was Fresher Baiting.

(* just change as appropriate - it never fails to impress)

Tony Gardner

STUDENT SHOP

Boland House, Guy's Hospital, London, SE1 9RT

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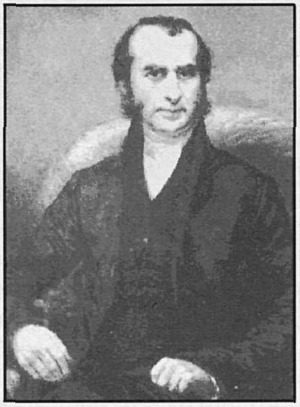
Thomas Hodgkin & the Bicentenary Tribute made in his honour at Guy's



Thomas Hodgkin (1798-1866) From an original portrait displayed in the Gordon Museum at Guy's

On 2nd October 1998, a conference was held at Guy's Hospital, to celebrate the bicentenary of the birth of Thomas Hodgkin; a man whose standards and achievements both in medicine and in the arena of human rights were far in advance of his time. The conference, attended by a distinguished international audience was organised by emeritus physician, Dr. Bob Knight.

The fascinating programme, which commemorated many aspects of Hodgkin's life and work, was chaired by Professor Robert Rubens, from Clinical Oncology at Guy's, in the morning, and Professor Derek Crowther, from Oncology at the University of Manchester, in the afternoon. A superb, inspiring talk on the extraordinary life of Hodgkin, given by Amalie M. Kass, Lecturer in the History of Medicine at Harvard Medical School and co-biographer of Thomas Hodgkin,

began the morning's lectures. The current curator of the Gordon Museum, Joseph Daws, continued the day by exploring Hodgkin's immense contribution to the Pathology collection at Guy's. Dr. Robin Poston, Senior Lecturer in Immunopathology, then encouraged the audience to re-examine the original cases of Hodgkin's Disease in a modern light.

The afternoon focused on treatments and the latest developments in the management of Hodgkin's disease and consisted of talks from Professor Volker Diehl (University of Cologne), Professor Harold Stein (Freie University of Berlin) and Professor Andrew Lister (St. Bartholomew's Hospital, London).

'...not only a leading figure in 19th century medicine... and a founder of the University of London, but also a leading anti-slavery campaigner...'

Hodgkin was not only a leading figure in 19th century medicine, the first doctor to describe the most frequent form of lymphoma seen in Western society, and a founder of the University of London, but also a leading anti-slavery campaigner who devoted his later life to social reform. It is a fitting tribute that the medical school building has now been renamed in honour of a man who dedicated his life to patients and human rights and who had the immense courage to support oppressed peoples and publicly express his humanitarian principles, rather than pursuing the purely academic and administrative duties expected of him in the Victorian era.

The Hodgkin family attended the celebratory conference and is here pictured in the foyer of the newly named 'Hodgkin building'. Succeeding generations have continued to be prominent in medicine: Sir Alan Hodgkin, former President of the Royal Society and Master of Trinity College, Cambridge, was awarded the Nobel prize, and in fact married the daughter of another eminent doctor and Nobel prize winner, Professor F. P. Rous, after whom another tumour - the Rous's sarcoma - was named.

On the 17th of August 1798, Thomas Hodgkin was born, third son of John and Elizabeth Hodgkin, in Pentonville, north of London. The second son,

Clockwise from left: Catherine Hodgkin, Chris Hodgkin, Elizabeth Hodgkin, Paul Hodgkin, Joanna Hines, Clare Laughton, Sir Anthony Laughton FRS, Adam Barnes, Annabel Barnes, Robin Hodgkin, Edward Hodgkin and Keith Hodgkin.

Rickman Hodgkin, had died ten months earlier from smallpox induced by vaccination and the firstborn, John, was to die from unknown causes shortly after Thomas' birth. The family was completed in March 1800, by the birth of another son also named John. The two surviving brothers were to remain close throughout their lives. They were educated at home and brought up in a staunch Quaker household.

Thomas excelled in sports and was also skilled in carpentry, sending out various handcrafted wooden items to relatives. Science and practical experiments with a "Voltaic pile" or crude electrical battery, fascinated the young Thomas Hodgkin. His father, recognising his elder son's scientific leanings, began to enquire about an eventual apprenticeship to the celebrated Quaker scientist and apothecary, William Allen at Plough Court in the heart of the City. Allen himself had an immense yearning to understand the scientific world and was an elected member of the Guy's Hospital Physical Society, where the staff presented papers on medical topics. For 24 years he lectured on chemistry and natural philosophy at Guy's.

Thomas Hodgkin took up the duty of private secretary to Allen when he was eighteen. Amongst his other duties, Hodgkin attended Allen's lectures at Guy's and assisted with the preparations for classroom demonstrations; this early acquaintance with the hospital made his later decision to train at Guy's almost inevitable. After two further years as an apothecary's apprentice in Brighton, Hodgkin enrolled to "walk the wards" for a year at Guy's before university studies in Scotland. Sir Astley Cooper wrote letters highly recommending Hodgkin as a "Sensible and well-educated person already well informed in the profession" to the Medical teachers in Edinburgh. As Hodgkin's studies progressed well, he decided to spend a year in Paris and discover for himself the French pre-eminence in medical advances. In Paris he admired Laennec more than any other physician he met and learnt the technique of auscultation from him. On his return in 1822, he addressed the Physical Society at Guy's on the "Use of Laennec Cylinder, commonly called the Stethoscope". He graduated M.D. at Edinburgh in 1823.

'Sir Astley Cooper wrote letters highly recommending Hodgkin as a "sensible and well-educated person already well informed in the profession".'

In 1825 Hodgkin was appointed Demonstrator of Morbid Anatomy and the first Curator of the pathology museum at Guy's, which became firmly established during his twelve year Curatorship. His meticulous catalogue of 1829 lists about 3000 exhibits. Hodgkin gave the first systematic lectures in Pathology in Great Britain and also described early cases of acute appendicitis, retroversion of the aortic valves and numerous other pathological conditions. He came to be regarded as the leading morbid anatomist of his era and "strenuously endeavoured to render the School of Guy's Hospital the first medical school in the Kingdom." He was one of the founders of the University of London in 1827 and sat on the first Senate of the University.

Hodgkin's namesake discovery was of a fatal disease in which the lymph nodes became swollen, but which was neither disseminated tuberculosis nor a straightforward carcinoma. In 1832 he reported seven cases, two being observed clinically without morphological study. More than thirty years later, Sir Samuel

Wilks, who had independently investigated 36 cases, was informed of Hodgkin's earlier descriptions and in acknowledgement of his original work, used the eponymous designation 'Hodgkin's disease'. The original specimens of affected organs can be viewed in the Gordon museum to this day.

On visiting his cousins in Lewes in 1837, Hodgkin received news of the death of Dr. James Cholmeley. This would create an opening for the position of Assistant Physician once Thomas Addison was appointed to fill Cholmeley's place. Hodgkin immediately wrote offering himself as candidate for the post and also requesting to remain curator of the pathological museum. His application was rejected. The Treasurer of Guy's, Benjamin Harrison Jr., planned to retain Hodgkin as a professional pathologist denied any clinical authority, preferring Dr. Benjamin Babington for the clinical post.

'...strenuously endeavoured to render the School of Guy's Hospital the first medical school in the Kingdom.'

This caused much debate at the time, since Hodgkin had played such a major role in establishing Guy's as an independent school of the finest quality and was highly respected and esteemed. His philanthropic pursuits, particularly as a tireless campaigner for the rights of the 'aboriginal people' and protestor about the treatment of the Indians of the Hudson's Bay region had affronted Harrison, who was also Deputy Governor of the Hudson's Bay Company.

Efforts were made by friends and relations on Hodgkin's behalf to persuade the Governors otherwise and contest Harrisons' decision. This all served to embarrass Hodgkin who wrote a letter to the Steward of Guy's, James Browell, trying to dissociate himself from the campaign! Anyway, all was to no avail; on September 7th 1837, Hodgkin resigned from all his posts at Guy's Hospital and Babington was appointed Assistant Physician.

Following his departure from Guy's, Hodgkin devoted his life to social reform, being chiefly involved with the Aborigines Protection Society which publicised the inequities of the British empire-builders and the injustices suffered by the native peoples under British control. During the last decade of his life, Hodgkin

travelled extensively with his close friend, the Jewish philanthropist, Sir Moses Montefiore, to the Holy Land, Europe and Morocco. In the Spring of 1866, they travelled again to Palestine to aid the Jews of the area, who were perishing under a cholera outbreak and an invasion of locusts. Hodgkin became ill in Alexandria and died of cholera in Jaffa on 4th April 1866, where he is buried.

Rina Dutta

See the Letters section for a poetic homily to Dr. Thomas Hodgkin, entitled 'Dissected', courtesy of Dr. David Tong.

Readers are also invited to look back to Professor Harold Ellis' excellent feature on Hodgkin in the August / September issue 1996 (Vol. 110, No. 2459).

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Acknowledgements

The author is indebted to Mr. Joseph Daws and Mr. William Edwards of the Gordon Museum, for their valuable assistance with the resources used in preparing this article. Thanks also to Dr. Bob Knight for arranging the photographic identification of the Hodgkin family members who attended the conference at Guy's.

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White Coat Fever

There are several defining moments as a medical student, moments that all students experience and, hopefully, live through. As far as I can see, there are three types of moment. The first is the completely unknowable; the one faced with a heart filled with a heady mixture of joy, fear, and excitement. The most obvious example is that of the first day, arriving as a fresher into a new room that may be dingy but is suffused with freedom. The second is the frightening kind, adrenaline-soaked and sleepless. The wait outside the DR, ten minutes before the thorax and abdomen viva is one of these. The third is the triumphant, the vital, and the best.

'The stubbled, peroxided and pierced students are more reminiscent of George Michael than George Clooney.'

This piece is about such a moment. This moment is an epiphany. This is the moment when you stride onto the wards, clad for the first time in your bright white coat and shining stethoscope. Preparation for this moment begins as soon as BSc and 2nd Year exams finish. Many students have survived thus far with wardrobes consisting entirely of trainers, jeans and fresher's week T-shirts. The stubbled, peroxided and pierced students are more reminiscent of George Michael than George Clooney. All smell faintly of the wine, cheese, garlic and vomitus bouquet of Beaujolais Nouveau night. First a good scrubbing, shave and haircut, usually conducted by mother. Then the newly-fragrant must begin to assemble the "garb"; the caste-marks that set them apart from the preclinical hordes.

Of all the items that make up the garb, it is the stethoscope which is desired the most ravenously by the medical student. After all, even freshers dress up smart and wear white coats on viva days; but they never sling one of these babies. "Steth" selection is a complex and troubling process. Those from medical families are usually handed a Victorian heirloom with flowery engravings and an inch thick coat of dust. These things were designed to listen for imbalances of the four humours and you know your consultant isn't going to be impressed with "well, he's got a definite preponderance of phlegm over black bile in diastole". So chuck these in the attic where they belong. Those of us from non-medical backgrounds

have to go through the rigours of choosing one. As with everything in medical school, there are several myths to guide your judgement. The first myth is that if you use an expensive steth, consultants will expect you to hear (and know) everything. Considering my consultants have yet to notice that a firm is following them around, let alone the make of medical instrument we use, I doubt the truth of this. The second legend is of the cardiologist who grabbed a cheap stethoscope from a med student's hand and deposited it in the bin; which I also believe to be apocryphal. I think what really happened was that the consultant was trying to dispose of the student but his hand must have slipped. So just buy whatever you can afford and whatever you think is worth it. If Aunt Crumbly wants to buy a £200 steth for you and you can't persuade her to give you the cash "to save her the trouble of going to the shop"; let her. You'll never have to upgrade in your later career.

'...the cardiologist who grabbed a cheap stethoscope from a med student's hand and deposited it in the bin...I think what really happened was that the consultant was trying to dispose of the student but his hand must have slipped.'

The rest of the garb is less fraught with anxiety. Pick up a "cheese n' onion" (Oxford Guide to Clinical Medicine); which as well as having everything you need fact-wise adds an impressive weight and swing to the white coat if inserted correctly. Smart clothes, it goes without saying, are a must. For men, find out your consultant's interests (rugby, yachting, world domination) and purchase the appropriate tie. For women, find out your consultant's interests (chest, legs, foot fetishism) and buy the appropriate outfit. So you have the garb, it is the morning before the first day of your introductory firm and you are faced with possibly the most perplexing of all clinical problems. How on earth do you wear your stethoscope? We'd all like to wear it slung nonchalantly around the neck, a la ER. But we don't want to be a) picked upon by traditionalist consultants b) more importantly, mocked by our

Pose for a while in front of the mirror, anyway, to show how you would look if you had the guts, and then fold the steth up and slip it, resignedly, into your pocket.

friends. What about pinched around the neck in the "classic" 60's style? Well, we've all heard about the cervical root damage such a fashion statement can cause, so that's out. Pose for a while in front of the mirror, anyway, to show how you would look if you had the guts, and then fold the steth up and slip it, resignedly, into your pocket. You know it's the only realistic choice. The moment of entry onto the wards is indescribable. You have waited your whole life for this. You notice little changes: old people smile at you, instead of shaking their heads sadly; people hold doors open for you; staff are only slightly rude at the canteens; and nurses no longer ignore you, but actively try to physically hurt you. A whole new world awaits you, new challenges, new skills. But remember this, whatever you do in the future, nothing will ever be as difficult as choosing the colour of your stethoscope. Now, do I go for puce or tangerine with aqua trim...

Greg James

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From Nurse to Chaplain

I have written in this column'before about my opposition to the existence of hospital chaplains paid for by the NHS. There has been little support for my opposition: there are reports that a friendly chat and cheery word are appreciated even by those who have no formal attachment to any religious faith. Furthermore, the Hospital Chaplaincies Council has reported a considerable rise in the number of hospital chaplains employed by Trusts. But there has been increasing awareness of the need for the chaplaincy service to recruit - albeit mostly on a voluntary basis - help from those of non-Christian faiths. But there had been no mention of a secular equivalent. So imagine my surprise when I was invited to become an honorary humanist chaplain. As an outspoken atheist, this title did not seem to fit easily. Also it was not at Guy's; rather the Greenwich Healthcare Trust where this proposed humanist alternative came from. It all came about following my appointment as the humanist chaplain to the Mayor of Lewisham last May. The title 'chaplain' is, of course, usually applied to a clergyman. But as my tenure was only for the current mayor, and as I already conduct non-religious ceremonies for funerals at crematoria chapel, the title seemed apt. One of the demands for a humanist chaplain has come from those who find themselves, as patients, confronted by a priest. Many do not want to hear about a 'faith' they reject. This is especially true at a time of illness and vulnerability. I am aware that chaplains are often given quite a rude response; to counteract this they usually only mention anything about their faith when there is a definite request from patients or clients. So why should we not all be there on a voluntary basis? The need for the chaplaincy should be fairly distributed: a full-time hospital chaplain is paid on a similar level to a senior nurse. Does she or he help as much. In surveys, patients have found their presence helpful, though arguably, other patients have found a chaplain an irritant. The duties of a non-religious 'chaplain' include calls to advise at times of great stress, or facing death. Humanist funerals are now quite well known; for parents who lose a young child, or baby or suffer a still-birth, a religious approach is often particularly inappropriate. Others, who have had a faith imposed at their own birth, by baptism, have found comfort in signing a 'de-baptism' certificate, to renounce this. I think the days have

gone when a midwife or nurse would, on the strength of their own belief, baptise an infant without parental approval. This used to happen frequently!

People need someone to listen to them. One problem is the publicity and awareness by patients of the availability of a humanist alternative. When filling in admission forms, the space for religion may be marked 'humanist', but quite often such clients may write 'none', 'atheist', 'agnostic' or even 'MYOB'! Nursing staff on wards are well briefed about the requirements of patients belonging to non-Christian faiths; I hope their knowledge extends to those who want no emblems or association with a religion. Their life has been lived in a moral way, according to the social significance of the 'golden rule' without superstitious beliefs - why should this change when they are confronted with life threatening situations?

Vulnerability is no excuse for looking for unsuitable answers. What can a humanist chaplain offer when it is customary to celebrate the Christmas season? Why, this is an old established time of the year, when, in the northern hemisphere we can all join in the winter solstice, and anticipate the return of the sun and look forward to the renewal that spring will bring. This is part of the natural world, of which each of us is part, whatever our faith or philosophy. So, what Greenwich has started, maybe Guy's will follow? As part of a leading teaching hospital, and training school for nurses in the midst of our ancient City, Guy's should be showing the way. I hope the needs of those who are non-believers can be catered for just as much as those who will enjoy theChaplain from Guy's Chapel when that is what they want. Mission statements, which nurses acknowledge, all lay claim to recognizing 'spiritual' needs - and spiritual in my book includes emotional, psychological, and aesthetic, as much as theological.

Dennis Cobell

Sedation in Dentistry

N.M. Girdler C.M. Hill
Wright 1998 148 pages

This new textbook is an update of a previous text by Hill and Morns which covered both sedation and general anaesthesia. The expanded book now has nine chapters covering the applied basic sciences, clinical techniques and medicolegal aspects.

There is a foreword by Professor Poswillo who chaired the working party that reported on General Anesthesia, Sedation and Resuscitation in Dentistry in 1990. As a result of this report many changes were made in the practice of sedation including a move away from general anaesthesia for dental treatment.

The introductory chapter on the spectrum of patient management includes non-pharmacological methods of anxiety control. This is brief and does not include alternative therapies like acupuncture and electronic dental analgesia. Applied anatomy, physiology and pharmacology are covered but undergraduates will need to supplement these sections with preclinical texts and notes. Patient assessment is perhaps one of the most difficult skills for aspiring sedationists. This is clearly explained in chapter three. The chapters on the clinical practice of inhalational, intravenous and oral sedation are concise. Complications and emergencies include both medical emergencies and those associated with sedation. The final chapter covers the medicolegal and ethical issues associated with sedation.

It is noteworthy that this is the second textbook on sedation to be published this year by authors associated with Newcastle Dental School. The other book (Pain and Anxiety Control in Dentistry by Meechan, Robb and Seymour) includes local anaesthesia and the use of analgesics in dentistry. Neither book presents much new information but are important in meeting the needs of students for whom no textbook previously existed. Their publication may also be a reflection of the restructuring of undergraduate curriculum to include sedation and the current increase in the number of postgraduate qualifications available.

This book will be of value to dental students and dental nurses who do not want additional information about local anaesthesia and analgesia. It will also be useful reading for dentists interested in treating anxious patients with sedative techniques.

Carole A Boyle
Department of Sedation and Special Care Dentistry

Medical Problems in Dentistry

C Scully and RA Cawson
Wright Publications
£45.00

I approached this latest edition of this book with high hopes. My initial impression was good with the rather bland cover now replaced by a new multicoloured cover. However, the marked change in visual presentation has not translated into the text, which I felt retained its original rather condescending nature and its fixation with HIV disease whilst glossing over other more common serious diseases.

The book comprehensively covers the main areas of general medicine with very good chapters on Disability, Substance Abuse and Social Factors in Medicine, not found in other more substantial texts. The colour plates at the front are well reproduced although they represent but a handful of conditions.

It is easy to find fault with any book if you look hard enough, but a few errors stand out. For example, the authors mention that patients with a blood pressure of 200/150 should avoid general anaesthetics but fail to point out that this is diagnostic of malignant hypertension and should be treated as an emergency. In discussing atrial fibrillation no specific mention is made of mitral valve disease, and in discussing drugs and renal function in general anaesthesia no mention is made of checking Urea and Electrolyte levels.

All in all, I think this is essentially a good text for both dental students and dental surgeons alike which would supplement the more medical texts that are traditionally used for human disease teaching.

NM Goodger
Senior Lecturer in Oral and Maxillofacial Surgery

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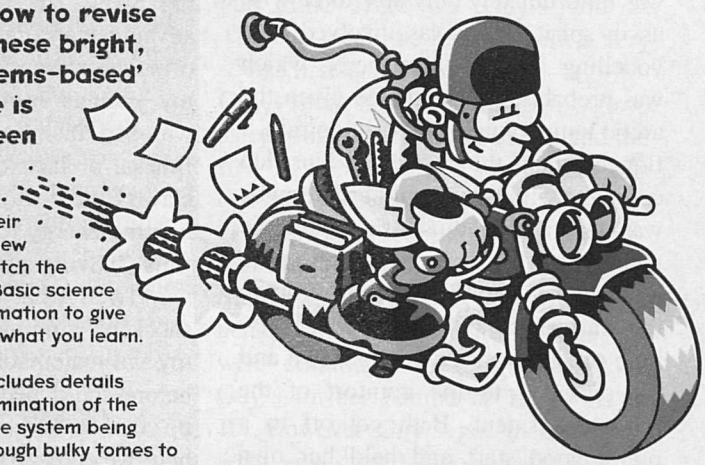

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Cambridge Autumn Regatta

Beth and I (Meg) were very privileged in our first (and probably last!) sailing race to have both the men's and women's captains in Cambridge. Seb was unfortunately only able to be with us in spirit as he was involved in a yodelling display elsewhere, which was probably a wise choice given the arctic temperatures and driving rain. I flogged it up the A11 from Norwich complete with 10 year old brother who was far from enthusiastic about the whole idea. We arrived in time to see a somewhat nervy Beth setting off to the start of the 600 metre course. By then the rain was chucking down and we retreated to the comfort of the refreshment tent. Beth got off to a pretty good start and held her own against a strong opponent up to around 400 metres when the bank veered unfortunately into her, putting paid to her earlier efforts. However, she started off again and finished the course. This left a long wait until the doubles race later in the day, which provided an opportunity for us to introduce my brother to pie eating. We got back in time to don angels wings and tiaras which had the unpredicted effect of generating a massive amount of support from people on the bank. In our first race we whipped them off the start to both Beth and my surprise and held them two lengths down all the way, despite my sometimes clumsy steering. For a double that has been out a handful of times and always on the comparatively massive Tideway, the narrow lanes were a challenge. We were banned from wearing wings in the final (an unfair advantage apparently) but still got a lot of support especially from Emma and my younger brother. Once again 'we whipped them off the start' but our fitness, or lack of it, showed as they clawed their way back at us. We just had the energy to heave it through the finish having given it helmet all the way (well what do you expect?) The shock of winning has still not passed, my flat mate had to be shown our pots before she'd believe me, which sums up Beth's and my feelings. Sydney, here we come. Thanks to Ella and Seb for their support.

Megan

RUGBY

RUGBY REPORT GUY'S AND ST THOMAS' HOSPITALS 1sT XV V MAIDSTONE (AWAY) SATURDAY, l9TH SEPTEMBER NATIONAL INTERMEDIATE KNOCKOUT CUP LOST 20-22

For this important match Guy's had been preparing hard and were able to put out a more or less full-strength side, welcoming back Neil Davies at stand-off and Ugo Ekeowa on the wing. Maidstone are in the league above Guy's and their programme notes indicated their expectations of an easy game. However, although Guy's and St Thomas' are now in Kent 1, they are hardened by 10 consecutive seasons in London 3 South-West. In fact the first 20 minutes of the match was all Guy's with one forward rolling maul going to within 2 metres of the opposite line, having started on the 22 metre line. The Hospital seemed destined to score on several occasions, once when Ekeowa appeared clear but dropped the ball before a good miss-move saw Bunting scamper over and Davies convert via the post. It seems rather a shame when after all this hard work, Maidstone scored almost immediately when a tackle was missed close to the scrum to take the score to 7 points all. At this stage the Hospital had taken four against the head and forced several turnovers and were looking very solid in the tight. Another surge up the field took play to the Maidstone line, but in spite of several assaults on the line, Guy's did not get over and their reward was a penalty for off-side converted by Davies. That remained the half time score but Guy's and St Thomas' could be pleased with a very sound first-half performance.

Guy's often have a tendency to "go to sleep" for periods of the match and the first 10 minutes of the second half was one of those periods when suddenly Guy's lost all cohesion and commitment and another missed tackle let Maidstone in for a try. A further penalty to Maidstone after some unwise comments to the referee took Guy's further behind at 15 points to 10. However Guy's got their second wind and scored a good try by Eddie Behn after solid work by Clinton and then the penalty by Davies to take the score to 20 points to 15 and set up a sterling last few minutes.

With the crowd behind them, Maidstone were looking extremely lively and crashed over under the post in the last seconds of play for a converted try and a 22 points to 20 win. After a match where they had outplayed the opposition in most aspects of the game, Guy's were left wondering how on earth they could end up on the losing side. Nevertheless the coach and team

could be proud of a very skilled and committed performance.

Scorers Tries: Behn, Bunting Pens: Davies (2) Conv: Davies (2) Team Woodsford D (replacement Clinton R), Edmundson M (replacement F O' Sullivan), Stacey J, Thorpe B, Wood B, Ryan G (replacement

Morgan makes a typical break against Old Dunstonians

GUY'S AND ST THOMAS' FIRST 15
v OLD DUNSTONIANS
SATURDAY, 26th SEPTEMBER -
LEAGUE MATCH KENT DIVISION 1

This was the second league match for the hospital side in their new league and against opponents assessed by coach Steve Farr as being amongst the two or three strongest in the league. However Guy's set off at a cracking pace and for the opening, looked a thoroughly organised side. Thorpe and Wood dominated the line-up with Thorpe in particular playing some balls straight off the top of his leap, and the forwards taking the ball and driving it down the field. The backs had plenty of ball to show their skills and with a mis-move in the centre, Etoch was put over with a try converted by Davies. Further pressure by the forwards, who at this stage were playing magnificently, led to a penalty under the post and a 10-Nil lead.

However, Old Dunstonians had looked dangerous in the backs with the scraps of possession they had obtained, and totally against the run of play they scored an unconverted try. However, this stimulated the opposition side into frenzied activity and reminded Guy's and St Thomas' that matches have to be earned by hard work. The hospital side was looking particularly vulnerable in the centre of the field where Old Dunstonians made several searching forays. Guy's scored immediately before half time when instead of a penalty for the post, the side decided to kick for the corner and a take by Thorpe was translated into a forward drive and

Etok shows some gas to run in for the try.

Clinton emerged with the try. Half time 17-5.

Soon after half time there was a first for the hospital side when Pete Davis on his birthday was sent to the sin bin for 10 minutes for not retreating 10 yards when instructed to do so by the referee. As so often the case the hospital side took their foot off the accelerator and suddenly the Dunstonians were back into the game with a converted try and a score of 17-12. The game seemed to be swinging Old Dunstonians' way when after a good passage of play, they scored near the post to take the lead. This at last roused Guy's out of their lethargy and a scrum near the opposition line was trundled over for a score by Davis, but since he was fouled in the process, a penalty try was awarded and a score of 24-19. At this point Pete Davis created another record by being sin binned again by querying gently the referee's decisions, although it must be said they looked a little unorthodox from the touchline. Much to the relief of the Guy's supporters, the ball was spun wide for a move between Breeze and Ben, halted when Ben was pushed into touch a metre or so from the opposition line. From the ensuing line-up, Thorpe did a passing imitation of Michael Jordan, hanging in the air taking the ball cleanly and clinching the match by diving straight over the line. The final score was Old Dunstonians 19, Guy's and St Thomas' 29.

Overall this was a good win against a side with probably the best backs in the league. The side has got to learn to maintain effort for the whole of the 80 minutes, and also that it is pointless to

argue with referees. Still, a good all-round performance and a second league win under the belt.

Team Stacey J (replacement Woodsford D) O' Sullivan F Challacombe B Clinton R Wood B Thorpe B Ryan G Davis B Morgan S Davies N Ekeowa U Behn E Bunting A Etoch R

Scorers

Tries Etoch, Clinton, Davis, Thorpe, conversion Davies 3, penalty Davies.

SJC

GUY'S VETERANS V BLACKHEATH VETERANS (THE BANCHEES)
SATURDAY, 24th OCTOBER 1998,
HONOR OAK PARK
LOST 0-12

The two oldest sides of the two oldest Rugby Clubs resumed battle at Honor Oak Park in their annual fixture. Blackheath were looking for revenge after Guy's won the previous year. Guy's Hospital and Blackheath were two of the founder members of the Rugby Football Union in 1871, and thus represent the oldest fixture in the Rugby Union calendar. These days the clubs no longer meet at First XV level, and the clubs are represented by the veterans and other sides. It is always a pleasure to see the degree of enthusiasm maintained by the players which is occasionally matched by their skill. The games however remain as competitive as ever, and the several consultants on show clearly enjoyed the freedom that they are not allowed during the week. The evergreen Terry Gibson showed considerable sparkle in his 33rd season of playing for Guy's, and Chris Howell remained as solid as ever. A1 Jones, Paul Scanlan and others showed good touches in the blinding rain, which eventually dominated the match. In spite of the sterling efforts of John Brazier, who clearly revelled in the wet conditions. Blackheath won by 12 points to nil, mainly because, with a much larger pack, they appeared to have the ball for 90% of the match.

SJC

Percy on the charge for the 2nd XV against University College Oxford

Agnes Emily Clark

Miss Clark died recently at the age of 93 years. She served for 45 years in the Guy's Forensic Department and was devoted to Guy's Hospital.

A. J. Hardingham

LDS RCS(Eng)

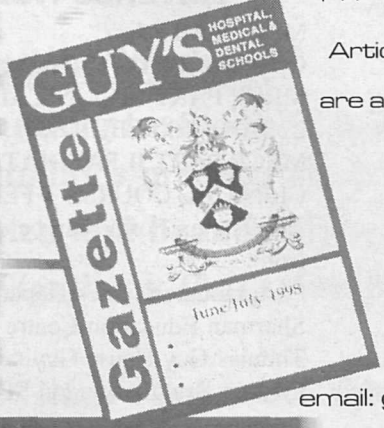
I regret to inform you that my father died on 10th September this year. Dad qualified in dentistry from Guy's in 1956 and was in general practice in Cirencester, then in orthodontics in Cheltenham and Swindon. He was very much a Guy's man - he nearly had a fit when I had thoughts of training elsewhere. He very much enjoyed the Gazette, and I'd like to thank everyone involved.

Regards,

Charlie Hardingham
(MB BS 1992 UMDS - Guy's, now radiology SpR at Oxford)

Gazette Online

http://www.umds.ac.uk/guys-gazette



Articles from the Guy's Gazette are available to all on the Internet. Features from the monthly journal plus links to other sites can be found at the above address.

email: guys-gazette@umds.ac.uk

CLASSIFIED AND ANNOUNCEMENTS

New Graduates

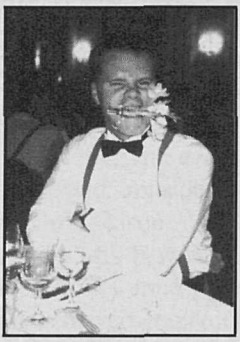
The following candidates have qualified MB BS (London)

AERI, Mr Sandeep
AHMED, Miss Leema Shamima
ATKINS, Mr Simon David Rhys
BADRI, Mr Ahmad Nizam Bin Ahmad
BISWAS, Miss Sona Vasundhar
CALVIN, Dr Melissa (b), (c), (f), (g)
FAROOQ, Mr Khorat Uddin
FIELD, Mr Duncan (b), (g)
HINVES, Miss Natasha
HORNAN, Mr Daniel Mark
HUTCHISON, Miss Kerin Leigh
INCEALEMDAROGLU, Mr Murat
ISRAEL, Mr Jaideep Jaipal
KAMAL, Mr Shahed
KHAWAJA, Mr Sajid Mohamed
LEE, Miss Jasmine Bee Li
LEE, Mr Joon
LEWIS, Mr Steven Kenneth Denzey
MEHROTRA, Mr Rahul
MOSHARAF, Mr Ali Ahmer
NASIRUDDIN, Mr Omar Abdullah Marc

(b) Distinguished in Medicine
(c) Distinguished in Clinical Pharmacology and Therapeutics
(f) Distinguished in Paediatrics
(g) Distinguished in Psychiatry

Congratulations to them all!

Caption Competition



Winner: 'A pint of 'flowers' please'
Mr Patrick Gusy
Bromley, Kent

New Subscribers

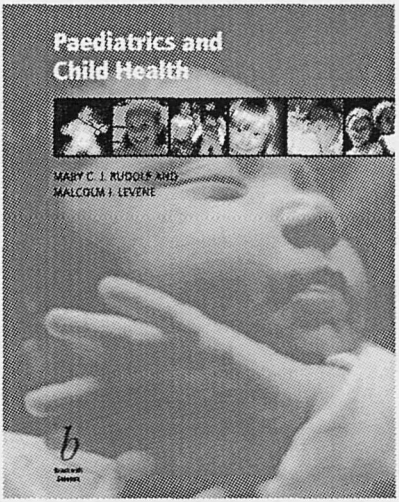
Ben Challacombe

Advance Notice

MRCP PART 1
COURSE 4 JAN - 8 JAN 1999
MRCP PART II CLINICAL COURSE
27 JAN - 10 FEB 1999
MRCP PART II PAEDIATRIC CLINICAL COURSE 1 FEB - 5 FEB
Application Forms can be obtained from: -
Postgraduate Studies Department
Sherman Education Centre 4th Floor,
Thomas Guy House Guy's Hospital
London Bridge, London SE1 9RT

Paediatrics and Child Health

Mary C J Rudolf
Consultant Community Paediatrician
Leeds Community and Mental Health Trust
Malcolm I Levene
Professor of Paediatrics
Department of Paediatrics and Child Health
The General Infirmary, Leeds



January 1999. illustrated. ISBN 0-86542-957-X. £24.95

"The focus of this book is on helping the medical student develop a working approach to paediatric problems and child health. It has been written from the angle of symptoms and problems as they present to the primary care physician...In order to aid learning, the book has been extensively cross-referenced to avoid apparent disruptions."
Taken from the Preface

Pre-publication Opinion:

- 'An outstanding textbook of paediatrics. Much more relevant to today's medical students'

- 'Well written and beautifully structured'

- 'At last' a textbook that takes the symptom-oriented approach'

- 'The At A Glance boxes are fabulous for enhancing learning - the icons are unique and memorable'

b
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